AN ABSTRACT
OF A

Course of Lectures
ON THE

INTERNAL DISEASES OF THE EYE AS SEEN WITH THE OPHTHALMOSCOPE.

Delivered at the Royal London Ophthalmic Hospital, Moorfields.

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LECTURES XI. & XII.

SCLERECTASIA POSTERIOR (STAPHYLOMA POSTICUM, SCLEROTICO-CHOROIDITIS POSTERIOR).

GENTLEMEN,—This disease is almost always present in the higher degrees of myopia, and forms one of the most important affections of the inner tunics of the eyeball, both on account of the extensive tissue changes which it may produce and the dangerous complications—e. g., detachment of the retina, opacities of the vitreous, glaucoma—to which it may give rise. It affords well-marked and often very striking ophthalmoscopic appearances. When it is but slightly developed there is noticed at one part of the margin of the optic disc (generally at its temporal side) a whitish crescent or arc, whose tint varies from a pale greyish-pink to a brilliant white, according to the extent of the choroidal atrophy. This crescent is closely applied to the disc, and varies greatly in size and appearance. At the commencement it really resembles a small arc or crescent, and is but narrow and confined to one portion of the disc; but this white figure may gradually extend more and more in size until it entirely surrounds the optic nerve, and reaches to a considerable distance from it, in time perhaps including even the region of the yellow spot in its expanse. Indeed, it always reaches furthest towards the temporal side. The colour of the whitish figure varies with the extent to which the choroid is atrophied; for if the stroma of the choroid is but little thinned the figure will assume a pale greyish-red tint, the outline of the choroidal vessels being easily recognised in its expanse, and small clusters of pigment being perhaps scattered on it and around its margin. But if atrophy of the choroid is far advanced, so that its tissue is greatly attenuated, the sclerotic will be here nearly or even quite denuded of choroid, and shine brightly through, giving a very white, glistening appearance to the figure, the disc perhaps even looking abnormally red by contrast. We have often an opportunity of studying various degrees of atrophy side by side in the same eye: the portion of the arc which is nearest the disc showing the most advanced degree of atrophy, and being consequently the whitest; next to which comes, perhaps, a zone of a pinkish-grey tint, with well-marked choroidal vessels in it; and this, again, passes over at the periphery into a zone of a darker red, in which the structural changes are still less marked; and this may gradually merge into the perfectly healthy choroid. The smaller branches of the retinal vessels are rendered very conspicuous and distinct by the white background formed by the exposed sclerotic, so that their finest twigs can be traced over the figure, whilst they are perhaps quite indistinct in the neighbouring healthy fundus. If the white figure surrounds the greater part or the whole of the disc, an inexperienced observer might mistake it for an abnormally enlarged optic disc; but on more careful observation the mistake would at once become apparent, for the distinction between the atrophic zone and the disc is easily recognised, especially by the well-marked pink appearance of the latter, which seems, indeed, of an unusually deep tint, from the contrast with the glistening white area surrounding it.

There are certain points in the general appearance of the white figure which should be specially attended to, as they are of importance with regard to the question as to whether the disease is stationary or progressive, a point upon which the nature of the prognosis will very much turn. If the arc is but small and circumscribed, being confined to one portion of the disc, its peripheral margin being sharply defined and regular, and the fundus in its close proximity quite normal and showing no tendency to choroidal atrophy, we may consider the disease as stationary, although it may in time, and under unfavourable circumstances, become progressive. Whereas we must consider the affection to be distinctly progressive if the outline of the figure is irregular and ill-defined, and the choroid at its peripheral margin thinned, and studded perhaps with small circumscribed atrophic patches (which may also appear in the yellow spot), for these will gradually increase in size, coalesce with each other, and extend towards the original crescent, finally becoming merged in it, and thus forming one large white figure. The progress of the disease, more especially if it be at all rapid and the atrophy somewhat advanced, is generally accompanied by inflammatory symptoms in the eye. The patients then complain of frequent pain in and around the eyes, which become readily flushed and watery if it be much used; and they are often troubled by flashes of light, bright sparks, or dark muscæ volitantes.

The external appearance of eyes affected with a high degree of myopia and sclerectasia posterior is often peculiar and striking, for they are very large and prominent, showing a wide opening of the palpebral aperture. The increase in the antero-posterior axis of the eyeball is especially noticeable if the eye is turned inwards towards the nose, for then the posterior segment of the globe appears square and lengthened, and the little hollow which exists between the outer canthus and the globe when the emmetropic eye is turned inwards, has disappeared.

Causes.—It has been often a matter of controversy whether the disease is chiefly due to inflammation of the posterior segment of the sclerotic and choroid (hence the name sclerotico-choroiditis posterior) leading gradually to the extension of these tunics at this point, or whether it is simply caused by a congenital elongation of the eyeball, producing a circumscribed bulge of the sclerotic at the posterior pole (staphyloma posticum) near the optic nerve. Jaeger especially favours the latter view, and considers that posterior staphyloma is almost always congenital, and often hereditary. It appears, however, that the disease is generally due to a combination of these causes. There is no doubt that in the higher degrees of myopia there always exists a tendency to elongation of the eyeball in the antero-posterior axis, which produces stretching and attenuation of the choroid and sclerotic near the posterior pole, where this bulging can occur the easiest, as the globe does not receive any support from the ocular muscles at this point. This tendency to elongation of the eyeball is aggravated by the strong convergence of the visual lines, which a high myopia necessitates when the patient is reading or working at small objects. This great convergence and the strain of accommodation cause congestion of the eye, stasis in the venous circulation, and an increased pressure of the intra-ocular fluids. These conditions not only produce a gradual softening and extension of the choroid, but often also set up more or less acute inflammatory symptoms. The sharp outline of the crescent then becomes irregular and broken, the choroid in its vicinity inflamed, attenuated, and atrophied, which leads to a more or less considerable increase in the size of the white figure. At the same time the eye may become watery, irritable, and painful, and opacities in the vitreous humour appear. But we often meet with cases of a moderate degree of myopia, in which the posterior staphyloma exists for years without increasing in size, or the choroid undergoing any change at its margin or in its vicinity.

The *complications* which are most frequently met with in sclerectasia posterior are: opacities of the vitreous, detachment of the retina, and a glaucomatous condition of the eyeball.

Opacities of the vitreous humour are frequently observed, especially in the progressive and inflammatory forms of the disease. They vary greatly in degree; for sometimes there is only a slight general haze of the vitreous, with a few fixed or floating threads in it, in other cases the cloudiness is very considerable, and there are large membranous shreds pervading it, which are due either to inflammatory changes

or to blood effusions. But besides opacities of the vitreous there is another dangerous affection to which Iwanoff has lately called special attention—viz., detachment of the vitreous, which, he states, not unfrequently occurs in sclerectasia posterior, being produced in the following manner:—"The vitreous does not grow in proportion to the gradually increasing size of the eye, and the serous exudation is not at the same time converted into the tissue constituting the vitreous humour, nor does it dissolve it, both remaining indifferent to each other; the connexion between the vitreous and retina becoming, however, loosened, according to the amount of effusion. Now, in the space which is thus formed between the vitreous and retina we find that, in proportion to the development of the staphyloma, more and more serous effusion is collected, detaching the vitreous more and more from the retina."* The peculiar gravity of this condition consists in its being generally followed by detachment of the retina, and it is therefore of great prognostic importance to diagnose it, if possible, with the ophthalmoscope. According to Von Graefe† it is probably chiefly characterised by the following symptoms:—There suddenly appears a circumscribed uniform opacity in the posterior portion of vitreous humour; it is of a greyish tint, oscillates slightly, and is divided by a sharp line of demarcation from the transparent vitreous. The retina is found, on careful examination, to be at first not the least detached.

Detachment of the retina is another dangerous and not very unfrequent complication. The elongation of the sclerotic in sclerectasia posterior is accompanied by a corresponding stretching of the choroid and retina; but the latter, being less elastic and firmly attached than the former, does not follow this extension so readily; its connexion with the choroid becomes somewhat lax, and any serous or hæmorrhagic effusion readily produces its detachment. Or, again, the latter may be caused by the shrivelling up and contraction of membranous shreds of the vitreous which are attached by one extremity to the retina, and, in contracting, drag upon the retina and detach it at this point. At first the detachment of the retina may be but very slight and be only detected by very carefully tracing out the course of some of the retinal vessels, which will then be found, at the detached portion, to be slightly undulating, and to lie somewhat nearer to the observer. In such cases a very careful and accurate examination of the field of vision will prove of much assistance in the diagnosis, as a portion of the field corresponding to the detachment will be found somewhat impaired in its function; indeed, this is not unfrequently even a premonitory symptom of detachment of the retina.

Secondary glaucoma may also supervene upon sclerectasia posterior, and is especially dangerous from the fact that its progress may be so insidious, so free from all pain and inflammation, that it may quite escape detection until the disease has already considerably advanced, and produced great contraction of the field of vision, and perhaps a deep excavation of the optic nerve. This condition is the more apt to be overlooked as the central vision often remains remarkably good, even although the field is greatly contracted. This simple form of glaucoma is most prone to occur in those cases in which the sclerectasia posterior has existed without any inflammatory symptoms. With advancing years the sclerotic loses its elasticity, and becomes more firm and unyielding, and hence resists the tendency to bulging at the posterior pole. This produces stasis of the venous circulation within the eye, and compression and irritation of the ciliary nerves, which pierce the hinder part of the sclerotic, and the glaucomatous tension supervenes, leading gradually to contraction of the visual field, excavation of the optic nerve, and more or less loss of sight. This tendency to glaucoma is sometimes hereditary, and then shows itself early in life, and occasionally in several members of the same family. In other instances the glaucoma assumes from the commencement the character of serous iritis, and this occurs especially in those cases in which the sclerectasia has been accompanied by marked inflammatory symptoms of the choroid, vitreous, &c. But even in such cases the true nature of the complication may sometimes be for a time undetected, as the irritability and redness of the eye, periodic dimness of sight, and the pains in and around the eye, are but too often attributed by the patient, and even by his medical attendant, to simple inflammatory changes accompanying the sclerectasia posterior. Hence special attention should always be paid to the degree of intraocular tension if a patient suffering from sclerectasia posterior complains of increasing dimness of sight or inflammatory exacerbations. The increase of tension may be periodic, showing itself only during the presence of the inflammatory attack, and varying perhaps considerably in the course of a few hours. Such patients should, therefore, be seen at different times of the day, and especially during one of the inflammatory exacerbations, so that we may ascertain whether or not the eye is then in a glaucomatous condition.

If the choroidal atrophy around the margin of the disc is at all considerable, it may greatly mask the glaucomatous excavation of the optic nerve and the bending of the vessels over its edge. In other cases the cup is, however, well marked, and there may even be a double cup—one at the margin of the disc, and the other in the sclerotic at a distance of from a quarter to half a millimetre from the edge of the nerve.

The *prognosis* must depend chiefly upon the fact whether the sclerectasia is progressive or not, and whether the affection is accompanied by inflammatory symptoms. If there is only a slight, stationary crescent, and the degree of myopia but moderate, the prognosis is good; but it must be very guarded if the affection is distinctly progressive, if there are marked symptoms of sclerotico-choroiditis posterior, with opacities of the vitreous.

The *treatment* must principally consist in insisting upon the patient being careful not to use his eyes too much for reading, working, &c., especially by artificial light or in the recumbent position, as this is apt to produce intraocular venous congestion. Moreover, in order to prevent the strain necessitated by having to hold small objects very close, it may be advisable to give such patients concave glasses for reading, sewing, &c., so that they may be able to hold the book or work at a distance of twelve or fourteen inches from the eye; but if even moderate use of the eyes makes them irritable, red, and watery, and causes pain in and around the eyeball, we must strongly urge the patient to abstain from all work at near objects for some length of time. The flashes of light and the appearance of bright stars before the eyes, both of which are dependent upon irritation of the retina and optic nerve, are most relieved by blisters or a leech to the temple. But when the symptoms are more severe, and the patient complains of constant pain and a feeling of heaviness in the eyes, great benefit is experienced from the application of the artificial leech to the temple, which may be repeated for several times at intervals of six or eight days; but if the sclerectasia posterior is very considerable, the antero-posterior diameter of the eyeball much increased, and if there is any fear of detachment of the retina, the use of the instrument may be dangerous, as the sudden relief of the intraocular circulation may be followed by considerable temporary hyperæmia of the choroidal and retinal vessels, which might produce effusion of blood and detachment of the retina.

* Archiv für Ophthalmologie, xv., 2, 57.
† Klinische Monatsblätter für Augenheilkunde, p. 301. 1868.

THE THEORY AND TREATMENT OF CHOLERA.

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A TRUE theory of cholera must be consistent with the undoubted facts of the disease, and with the established principles of physiology. In a work on Epidemic Diarrhœa and Cholera published in 1855, I put forth a theory, of which I venture to say, after an interval of more than sixteen years, that not one of its numerous assailants has succeeded in showing that it is inconsistent either with facts or with physiological principles. That a scientific theory of cholera must meet with much opposition is inevitable. Such a theory must clash with the convictions and prejudices of men who have framed or accepted incomplete and erroneous theories, and so it will excite their hostility. At no time have my doctrines wanted vigorous opponents, but recently the opposition has apparently been

stimulated into renewed activity by the unwelcome fact that Sir Thomas Watson "has unreservedly adopted" my views as to the nature and treatment of cholera. That an authority so eminent, one, too, so cautious and conscientious in forming a judgment, should have pronounced in favour of my doctrines, and defended them with characteristic eloquence and logical acumen, has evidently been felt by my opponents as a heavy blow and great discouragement. Amongst these opponents Mr. William Sedgwick has lately taken a prominent position, in consequence mainly of the large space which his writings have occupied in the crowded columns of THE LANCET. I am indebted to that gentleman for having done so much to obtain publicity for my doctrines, and I should have taken no notice of his harmless criticisms if I had not believed it to be a public duty to direct attention to the unfairness of his mode of attack, and the serious and culpable inaccuracy of some of his statements. I therefore propose to illustrate by two or three examples the manner in which he attempts to refute an opponent's doctrines.

In a paper published last year (*Brit. and For. Med.-Chir. Rev.*, April, 1870, p. 494), referring to a case of diarrhœa in which the urine had been albuminous, I remark that "the temporary albuminuria is to my mind conclusive evidence of blood-poisoning." By this I meant, as is obvious from the context, that temporary albuminuria in connexion with choleraic diarrhœa affords the same kind of evidence of blood-poisoning as is afforded, for instance, by that symptom in cases of diphtheria &c. My opponent, in quoting the above passage (THE LANCET, Nov. 11th, p. 671), omits the first word, and thus misrepresents me as saying that "temporary albuminuria is to my mind conclusive evidence of blood-poisoning." As if I had stated that temporary albuminuria *always* results from blood-poisoning, and *never* from any other cause. He then wastes nearly a column of THE LANCET to prove that albuminuria may result from a mechanical impediment to the return of venous blood &c., and therefore from other causes than blood-poisoning; as if I needed to be taught this elementary fact in pathology!

Again, my critic declares that I assert the absolute inactivity of the liver and kidneys as secretory organs during intra-uterine life. Abernethy, he says, believed that the kidneys did not secrete until after birth; but upon this he sarcastically remarks—"Since Abernethy's time some progress has been made in the study of physiology." He then proceeds at great length to expose my ignorance and to correct my error. Now in one of the papers referred to by Mr. Sedgwick (*Brit. Med. Jour.*, Feb. 17th, 1866) I express myself upon this subject in the following terms. I have placed in italics the expressions which my critic has evidently overlooked:—

"A very interesting and instructive illustration of the physiological correlation between the lungs, the liver, and the kidneys, is afforded by a comparison of the *almost complete inactivity* of these great excretory organs in the fœtus with the energetic discharge of their functions which commences simultaneously in all of them the moment after birth. During intra-uterine life *the lungs are entirely inactive*; no air is admitted into their cells, and the greater part of the blood from the pulmonary artery passes directly through the *ductus arteriosus* into the aorta. *The kidneys and the liver are nearly as inactive as the lungs. The bladder, it is true, contains some urine*; and the *meconium* which is contained in the intestines is chiefly composed of bile. A *certain small amount of these excreta is formed during fatal life*; but the quantity excreted is infinitely small in comparison with the rapid excretion which begins immediately after birth, when, with the establishment of the function of respiration, there is an evolution of carbonic acid, and a continuous formation of the two correlative secretions—the two joint products of oxygenation—bile and urine."

If I had foreseen that my statements would be subjected to the merciless criticism of Mr. Sedgwick I could scarcely have expressed myself more cautiously, or, as I think, more correctly, upon this interesting physiological question. There are oxidised products in the fœtal circulation which afford the materials for a scanty secretion of bile and urine. These products may be a result of what is sometimes called "placental respiration," or they may be derived from the maternal blood, from which the materials for the growth of the fœtus must obviously be derived.

Mr. Sedgwick affirms that I explain the comparative inactivity of the liver and kidneys of the fœtus by saying that it is "a necessary result of arrested pulmonary circulation and consequent apnœa." This is given as a quotation from one of my papers; but the sentence occurs there as a brief explanation of the suppression of bile and urine *during the collapse stage of cholera*. To say that the apnœa of the fœtus is a result of arrested pulmonary circulation would be preposterous and ludicrous; yet this is the statement which, by a misquotation, my critic attributes to me! Again, my censor erroneously charges me with what he calls "the fallacy of assuming that the cyanosis in cholera is due to defective oxygenation of the blood." On the contrary, I have always maintained that the lividity is mainly due to distension of the veins in consequence of the obstruction within the chest; and the fact mentioned by him, if it be a fact, that the cyanosis disappears from a limb under the influence of galvanism, confirms my explanation. The galvanism, by exciting contraction of the veins and muscles, lessens the venous distension, and thus temporarily removes the cyanosis.

Mr. Sedgwick, at the conclusion of his paper, endeavours to excite prejudice against the eliminative treatment of cholera by referring to statistics showing that, under its employment by myself as well as by others, the mortality has sometimes been very high. This evidence would be of great weight if it were not perfectly clear and generally acknowledged that, in cases of extreme collapse, neither evacuants nor any other treatment, except, perhaps, the hot saline injections into the veins, can be of any real service. Mere statistics therefore, without a detailed report of cases, teach absolutely nothing as to the influence of remedies. The chief value of the paper by Drs. M'Cloy and Robertson (Med.-Chir. Trans., vol. 50) consists not merely in the great number of cases treated (a number far exceeding all the other cases referred to by Mr. Sedgwick), but in the detailed reports given of many of the cases. A large proportion of the few cases admitted under my care in 1866 were of an utterly hopeless and intractable character, as I have shown in a lecture published soon after the epidemic was over (*Brit. Med. Jour.*, Nov. 10th, 1866), while in nearly three times the number of cases treated *from the commencement to the termination of the epidemic* in 1854, the results were far more favourable, the particulars of every case being published in my work on "Epidemic Diarrhœa and Cholera," 1855. The great object of treatment obviously is to prevent the passage of the disease into the perilous stage of collapse. When once that stage is reached the danger is greatly increased. That the state of collapse, which results from impeded circulation and the consequent check to the natural process of cure by elimination, is a very fatal condition, is an argument against a repressive course, and in favour of an evacuant plan of treatment in the early stage of the disease; and a high mortality in cases of extreme collapse affords no more evidence against the utility of the eliminative principle of treatment in curable cases of cholera, than does the necessarily large mortality in cases of malignant small-pox against the cooling treatment in ordinary cases of that disease. I maintain that flushing the intestines of a cholera patient by copious draughts of water, and, *if necessary*, by gentle evacuants, is based upon the same common sense principle as that of free ventilation in the treatment of small-pox; and I have the satisfaction of knowing that this principle of treatment is accepted and acted upon by a large and increasing number of unprejudiced men both here and in India. If space permitted I could prove this by abundance of testimony.

Mr. Sedgwick's own theory of cholera, the defence of which has led to his attack upon me, requires no refutation. To state the theory is to refute it. The attempt to explain the symptoms of cholera by some mysterious influence exerted through the alimentary canal upon the sympathetic nerve, without the agency of a specific blood poison, is obviously a hopeless task. There is one part of his theory which involves so curious a physiological error that it merits especial notice. It is well known that when, after death during the stage of collapse, the chest is opened the anæmic lungs collapse and shrink into a very small space. So far as I can understand Mr. Sedgwick, he believes that the pulmonary collapse occurs during life; at any rate, he explains it thus:—"The pulmonary collapse in these cases is caused by the amount of carbonic acid to be elimi-

nated being reduced, whilst the nervous power of the lungs continues the same, or nearly so." ("On the Nature of Cholera as a Guide to Treatment," p. 20.) And again he says, and gives the statement emphasis by italics: "*The arrested formation of carbonic acid in the system has the same relation to pulmonary collapse as the arrested formation of urea has to suppression of urine.*" (THE LANCET, Oct. 7th, p. 507.) He evidently means that, as the urine is suppressed because urea is not formed, so the lungs collapse because carbonic acid is not formed; but he does not distinctly state when he believes the pulmonary collapse to occur. I venture to suggest to my zealous opponent that the true interpretation of the facts is this: During the collapse stage of cholera the stream of blood through the pulmonary capillaries is greatly reduced, in consequence of resistance offered by the pulmonary arterioles; the blood is the channel by which oxygen is conveyed to the tissues, and the supply of oxygen is, therefore, reduced in proportion to the diminished circulation of blood. Again, carbonic acid, and the chief constituents of bile and urine, being products of oxidation, their formation is diminished in proportion to the scantiness of the oxygen-bearing blood-stream. Lastly, when the chest is opened after death, the lungs collapse and shrink to an unusual degree, consequent on the emptiness of their capillary vessels. I believe that no physiologist will accept Mr. Sedgwick's explanation of the facts, or refuse to accept mine.

I have references to several cases of embolism of the pulmonary artery, in which the symptoms resulting from the impeded circulation through the lungs have borne a striking resemblance to those of the collapse stage of cholera. The most completely recorded case of this kind is that published by Dr. Alfred Carpenter (THE LANCET, September 23rd, 1871). In that case, as Dr. Carpenter remarks, "the only symptoms wanting to make it apparently one of cholera were alvine discharges and cramps in the limbs."

Dr. Talfourd Jones, of Brecon, accepting my explanation of collapse, has ingeniously suggested, as the physiological antidote for the cholera poison, the inhalation of the vapour of nitrite of amyl. This substance has the effect of relaxing the muscular arterioles and so causing capillary congestion. If it should be found to have the same effect upon the pulmonary vessels as it has upon the systemic, it may prove to be a remedy of great value in the treatment of cholera; it should therefore be carefully tried in that terrible disease.

Savile-row, Dec., 1871.

ANALYSIS OF 11,000 CONSECUTIVE CASES OF SKIN DISEASE.

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(*Continued from page 744.*)

THE first class of diseases not defined by uniform causes—the Inflammations—is a very extensive one, embracing as it does more than one-half of all the cases (namely, 5847), and this notwithstanding the exclusion of all inflammatory affections included under previous groups on account of their dependence on uniform causes. It is impossible to do more than refer briefly to a few of the more important of these.

The most frequent by far was eczema, of which there were 2875 cases (2527 having occurred amongst the 10,000 hospital, and 348 amongst the 1000 private patients); that is, in the proportion of rather more than 1 to 4. This is a proportion lower than is usually recognised (namely, about one-third), although the term "eczema" was used in its widest sense, including the so-called lichen and impetigo, the reasons for which have been given at length elsewhere. The proportion would probably have been somewhat greater had it not been that under the head of "scabies" was included, not only those patients who came themselves for advice, but also other members of their families who were reported to be similarly affected. It would be quite out of place to enter into details with regard to this protean affection; but it may be remarked that of the two forms of eczema, the generalised and the localised, the latter was the more frequently observed, while the former was more readily amenable to treatment. No case of universal eczema—by which is meant an eruption covering the whole of the body without leaving a single interval of sound skin—was observed. Of the localised forms, the parts most frequently attacked were the legs, hands, head, and hairy portions of face; and next to them the genital organs, anus, ears, arms, neck, and internal aspects of the thighs. In most cases debility, or digestive derangement, or local irritation, or a combination of these causes, lay at the root of the disease.

Erythema, the simplest of all the inflammatory affections of the skin, was much less frequently met with (namely, 470 times amongst the hospital, and 99 times amongst the private cases), although under it were included cases of the so-called strophulus, non-syphilitic roseola, and pityriasis. A good many cases, however, were classed under eczema which might have been ranged under erythema, as it is sometimes difficult to say where erythema ends and where eczema begins; for most of the forms of erythema are but lower grades of inflammation than eczema—indeed, most cases of the latter commence, and almost all of them terminate, in erythema.

In the present classification no such disease as pityriasis is recognised; for if we exclude seborrhœa sicca, sometimes termed pityriasis, and the genuine pityriasis rubra as first described by Devergie, the remaining cases of the so-called pityriasis are nothing more nor less than the second or scaly stage of erythema; and it is manifestly absurd to speak of the second stage of a complaint as a separate disease, though it may be convenient to retain the term as applicable to the chronic stage of simple inflammation of the skin.

The disease so graphically described by Hebra under the name of prurigo was very rarely met with—much more rarely apparently than at Vienna, if we may judge from the statistics of the great German dermatologist—perhaps because the lower classes in this country live under better hygienic conditions; but pruriginous eruptions were very commonly observed. By a pruriginous eruption I mean an eruption produced by the nails of the patient in scratching, such as we notice so generally in cases of scabies, phtheiriasis, and urticaria. Such eruptions are mere symptoms or complications of these diseases, and are therefore classed under their respective heads of scabies, prurigo, and urticaria; while most of the others, which appeared to be independent eruptions, were grouped with eczema (E. prurigenosum), always excepting what we may call the true prurigo of Hebra, which, as just observed, was very rarely met with.

Under the head of ecthyma 97 cases are noted as having occurred amongst the hospital patients, whilst not a single case was observed amongst the private ones. We are told by some dermatologists—Hebra, for example—that there is no such disease as ecthyma, the cases previously classed under this head being mere symptoms or complications of other diseases, such as syphilis, scabies, and eczema. But while it must be admitted that many cases are described as ecthyma which in reality have no title to such a classification, the present statistics do not confirm the view just mentioned. Under the head of ecthyma have been classed only those cases in which large isolated pustules terminating in crusts, and occurring generally in debilitated subjects, were observed, independent of syphilis, of scabies, and of all other itchy affections. The constitutional treatment, consisting of generous diet, change of air, and the use of tonics, was most relied upon, while soothing local applications gave much relief and accelerated recovery.

The most frequent of all the inflammatory affections, with the exception of eczema, was psoriasis, of which there were 831 examples, 725 of which occurred amongst the hospital cases, and 106 amongst the private ones. This is a much larger number than had been anticipated at the outset, but which is perhaps accounted for in part by the fact that psoriasis is not only a very disfiguring and very obstinate affection, but also one which has a marvellous tendency to recur, especially in the spring and autumn months. It must be mentioned, too, that the disease described in dermatological works as lepra (by which we do not mean the true leprosy) is not recognised at all in the present statistics, but is included under the head of psoriasis, and that

no attempt has been made to separate the various forms of the latter, described as P. nummularis, P. circinata (lepra), P. gyrata, &c., as these are but stages of one and the same disease. There were very numerous illustrations, not only of its tendency to recurrence, but likewise of its markedly hereditary character; and no corroboration was afforded of the view promulgated by Wilson, that psoriasis is remotely transmitted syphilis. One case, however, was observed in which psoriasis occurred in a lad with pallid complexion, prominent brow, sunken nose, notched teeth, and other typical symptoms of hereditary syphilis; but it is more than probable that this was a mere coincidence, else, among upwards of 800 cases of psoriasis, such illustrations would probably have been met with more frequently. The local treatment of psoriasis consisted in the use of soothing ointments and lotions in the acute stage; in the chronic, in the use of mercurial ointments. If there was much irritation of the skin, various kinds of tarry ointments and the liquor carbonis detergens were used, while in very obstinate cases, which resisted every other kind of treatment, under-dresses of vulcanised india-rubber were sometimes used with excellent effect. The constitutional treatment was, as a rule, most relied upon, especially tonic aperients and alkalies in acute cases; and arsenic, carbonate of ammonia, carbolic acid, and tar (especially coal-tar) in the chronic. It has been well remarked that the subjects of this complaint are usually remarkable for their healthy appearance; but, notwithstanding, an inquiry into the family history often elicits a hereditary tendency to phthisis, and in a few cases the patients themselves gave evidence of the presence of strumous disease; in these cod-liver oil, steel, and such-like remedies, yielded good results.

Under the head of acne vulgaris, by which is meant inflammation occurring around the orifices of the sebaceous glands as the result of the accumulation in them of hardened and therefore irritating sebaceous matter which appears on the surface as little black specks, 342 cases were registered, 288 of which occurred amongst the hospital patients, and 54 amongst the private ones. This disease most frequently made its appearance about the period of puberty, and in females often became aggravated at the menstrual periods. It is a most obstinate affection, and little impression was made upon it by constitutional treatment, even arsenic being generally unavailing. The local treatment usually consisted in squeezing the little hardened masses of sebaceous matter (comedones, as they are termed) out of the glands, the lancing of pustules and tubercles, and the use of local stimulants, such as lotions of perchloride of mercury and sulphur. A very elegant formula for the latter was recommended to me by Dr. Bulkley, of New York, and which is as follows:—Sulphate of zinc and sulphuret of potash, of each one drachm; rose-water, four ounces: shake the bottle; cover the affected parts with pieces of lint dipped in the lotion, which are to be removed when the lint is dry. To be used night and morning.

The disease marked rosacea in the classified list is usually spoken of as acne rosacea, owing to its being frequently associated with an eruption resembling the spots of acne; but the typical disease is a distinct affection. The first stage in the morbid process consists in dilatation of the capillary bloodvessels, which is followed by congestion and inflammation of the skin, and, if the disease is not arrested, in the new formation of cellular tissue, so that ultimately tubercles, and even tumours, are developed. It was much more frequently met with amongst the private than amongst the hospital cases, probably on account of the greater annoyance which the disfigurement gave rise to in the former, 21 cases having occurred amongst the 1000 private, and only 37 amongst the 10,000 hospital patients. It was often the result of intemperance, especially in the male sex, but much more frequently of debility; hence the constitutional treatment, which proved so comparatively useless in acne vulgaris, was the *sine qua non* in rosacea. Stimulating local applications were likewise of the greatest service, such as the rumex ointment mixed with sulphur in the proportion of one to two drachms to the ounce. The following is the formula for the preparation of the rumex ointment:—Rumex root, nine ounces; lard, six ounces; yellow wax, one ounce; water, sufficient quantity. Wash and bruise the roots; boil for two hours and strain; evaporate to four ounces; add gradually to the wax and lard previously melted, and keep stirring until cold.

Of the three diseases which alone are capable of implicating the whole body, pemphigus, pityriasis rubra, and lichen ruber, the first was most frequently observed, 16 cases having been met with, one of which was an instance of that rare form described as pemphigus foliaceus. The other two complaints occurred seven times and once respectively. From this it appears that the true lichen ruber, as pictured by Hebra, is a much rarer complaint in this country than in Austria, although the milder forms, described by Wilson under the name of lichen planus, and hitherto classed under the head of lichen, are by no means uncommon. The case of lichen ruber above referred to occurred in a farmer, about sixty years of age, who consulted me twice in August, 1868. The disease had then existed for three years, and implicated the entire cutaneous envelope. At that time he was treated, with slight improvement, by means of tar capsules, and a lotion of liquor carbonis detergens. I saw him again twice in consultation with Dr. Skene, of Helensburgh, in April and May, 1870. The skin then appeared to be in the same state as when I saw him first, but he was thinner, and complained much of debility. Small doses of iron and arsenic were prescribed, and an under-dress of vulcanised india-rubber was recommended to be worn. I have not seen him since, but I understand that he is still alive, though gradually losing ground.

(To be continued.)

POLYPUS OF THE EAR.

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FROM a tumour of considerable size, which occupies the whole of the external auditory meatus and projects for some distance from the external orifice, to a growth no larger than a small seed, and which can only by careful examination with reflected light be discovered lying within the tympanum behind a perforation of the tympanic membrane, polypi of the ear present every variety of form and shape. It will generally be found that they have been preceded by disease of the middle ear, which has resulted in a perforation of the tympanic membrane, purulent catarrh with scarlet fever being the commonest of all forms. The immediately exciting cause of the growth seems to be the purulent discharge which attends this condition. The only variations to this course of events are the very exceptional cases in which they have been discovered after death as a commencing growth in the cavity of the tympanum with the membrane entire, and the perhaps hardly more frequent occasions where they appear in the external auditory meatus independently of any previous tympanic disease.

No purpose is served by an artificial classification of these polypi. In structure they are all fibro-cellular, and have the appearance of fibrous tissue at different stages of development, the fibrous element predominating at one time and the cellular at another; the proportion which either element bears to the other appearing to depend on the age of the tumours rather than on their relative denseness or size, or even on the part of the ear from which they arise.

Dr. Whipham, curator of the museum at St. George's Hospital, has on various occasions made sections of polypi which I have removed, and reported on them. I here give two examples.

No. 1 was a polypus arising from the roof of the tympanitic cavity, projecting into the meatus, and had been, as far as I could judge from the history, of about twelve months' growth. "A fibro-cellular growth, resembling the early form of fibrous tissue. Delicate fibrillated stroma, the fibrillæ having a tendency to arrange themselves in parallel lines. In some parts the stroma is finely granular; cells not very numerous—some round, some oval in shape, beginning to become elongated. Here and there in the section were scattered oil-globules."

No. 2 was a small polypus of recent origin, arising from the meatus; probably of two or three months' growth. "Numerous small nuclei, scattered without much definite arrangement in a fibrous stroma of scarcely so delicate

structure as in the former case; here and there cells of considerable size, many distinctly elongated where the fibrous tissue is more advanced."

They are at times very vascular, and when they are so there is a good deal of bleeding after their removal. When they do not attain any considerable size, a very common appearance for them to present is a red, fleshy, globular mass projecting through a perforation in the membrane. In such a case they grow from the cavity of the tympanum, and from their situation, by preventing the escape of discharge, sometimes thus become the indirect cause of death in those fatal cases where the lateral sinus and brain become involved.

The reasons for which their removal generally is demanded are the continuous offensive discharge from the ear and deafness, both of which symptoms are their invariable accompaniments. The most usual position from which aural polypi arise is some part of the walls or roof of the tympanum; they also spring from the external meatus and from the tympanic membrane itself. After one polypus has been removed from the cavity of the tympanum, it not unfrequently happens that one or even two more are brought into view. In looking down a speculum where the membrane has been completely destroyed it is not always easy to decide at first sight whether the red mass at the bottom of the meatus is a small polypus or simply granulations on the lining membrane of tympanum. This, however, is ascertained by examination with a probe, when a polypus will be found to move under the touch. Indeed, this should always be practised so as to determine, as nearly as possible, the point from which the growth arises.

The indications for treatment of aural polypi are threefold. Firstly, to remove them; secondly, to apply caustics to their root regularly and for a sufficiently long time, to ensure against their reproduction; and, thirdly, when they exist with a perforation, to keep the tympanum clear of secretion, and to induce a more healthy condition of the lining membrane of this cavity and the Eustachian tube; in short, in addition to directing attention to the polypus, the case must be treated as an ordinary perforation of the tympanic membrane.

It is most desirable that the tediousness of these cases should be recognised. Although, after removal, a few applications of some caustic will occasionally eradicate them, and this especially when they arise from the external meatus, the treatment will often extend over several weeks, or even months; the time occupied depending upon the tendency to reproduction which the growth manifests.

Judging from the cases which present themselves where polypi were taken away some years ago and have recurred, only to be again taken away and again to reappear, my conviction is that until late years the perseverance necessary for the successful termination of this class of cases was but imperfectly estimated.

With regard to removing the polypus. If it be very large, the best instrument is a Wilde's snare armed with fine gimp. If of moderate size or small, simple rectangular forceps, meeting at the points by two rings, are the most convenient. The lever ring forceps of Toynbee are not often necessary, and at the best will only grasp a very small growth. While using any kind, or in applying caustics, the meatus should be illuminated with diffused daylight through the largest speculum that it will hold, the reflector being worn on the forehead and fastened with a band round the head; both hands will thus be quite free. The most effective caustic I find to be chloro-acetic acid, applied on a very small camels'-hair brush. In using this, care should be taken not to touch the meatus; and provided this is done, very little pain is felt; but if this should happen, it is relieved at once by syringing with warm water. Potassa fusa and chloride of zinc are not so manageable, and the former is liable to spread on to more parts than it is necessary should be touched. Nitrate of silver is not sufficiently powerful, but it is a very useful caustic to apply to granulations on the membrane or on the surface of the cavity of the tympanum. The liquor plumbi is useful for the same purpose, and may be applied with a camels'-hair brush, or in the form of a piece of cotton-wool soaked in it and worn for a few hours every day pressed on to the part. It is well, before any of these applications, to dry the part carefully with cotton-wool.

A plan of cleansing the middle ear of secretion and applying solutions to the whole extent of the lining membrane in cases of perforation, by forcing them through the tympanum and Eustachian tube by means of a syringe with the nozzle guarded by india-rubber, and fitting the external meatus, was described by me in THE LANCET in April and August, 1870; and in all cases where there is a perforation of the membrane and a pervious Eustachian tube, it is most useful. The patient may also be instructed to practise a plan which I first saw Dr. Joseph Gruber at Vienna teach at his clinique to patients with perforations—viz., to incline the head to the affected side; and, after a drachm or so of the lotion to be used has been passed into the inferior nasal meatus of the same side with a small glass syringe, to close the nostrils firmly with the fingers, and the mouth also being closed, to blow vigorously, when the fluid will run through the Eustachian tube, and out of the perforation; thus cleansing the lining membrane in its course. When neither of these plans succeed—and occasionally they fail on account of some temporary obstruction,—the Eustachian catheter may be employed with an india-rubber bag fitting into its open end; and thus fluids may be made to pass directly through the Eustachian tube into the tympanum, and through the perforation. Speaking generally, however, I should like to be understood to imply that no pains should be spared to keep the cavity of the tympanum thoroughly cleansed; and, in case of an adult, no trouble which has this in view should be grudged by the patient. He should be provided with a syringe which he can use without fear of hurting himself, and with this he should wash the ear twice a day. Lotions (a very good one is sulphate of zinc and solution of opium, four grains and ten minims respectively to the ounce) should be used in the following way:—The meatus is filled with the lotion, previously warmed, and with the affected side uppermost and horizontal, let the patient blow through the perforation; this will cause the fluid to bubble in the meatus, and, on ceasing to blow, some little of it will pass into the throat, and thus it will come in contact with all parts of the lining membrane of the middle ear. Observation teaches me to be more hopeful as to the results of treatment in cases of perforation when they are accompanied by polypi than when they are not. I cannot in any way account for this, any more than I am able to do—judging simply by appearances as regards size, shape, &c.—for the immense variations in improvements to hearing that are met with after treatment in all cases of perforation. When the lining membrane of the tympana and Eustachian tubes becomes more healthy, the improvements that take place, with regard to the hearing power, are with some very great indeed, while with others they are scarcely perceptible. With these latter a careful examination with the tuning-fork, the history, and some subjective symptoms—tinnitus, worse hearing after fatigue, &c.—will frequently detect a nervous lesion accompanying the tympanic disease.

In the following very short abstract of seven cases it was not found necessary in any to use either form of artificial tympanic membrane—viz., Toynbee's, or the preferable one of cotton wool. They are chosen from my notes because, from the fact of the treatment extending over a very long period with some compared with others, the time and trouble which are sometimes demanded in order to treat an aural polypus with lasting success are shown.

The method of examination now universally employed is diffused daylight reflected from a concave mirror down a tubular speculum; and in passing air into the tympana, or through them in case of a perforation, Politzer's plan, of sending a stream of air through the inferior meatus of the nose during the act of swallowing, is the simplest, the Eustachian catheter being only occasionally required.

CASE 1.—June 22nd, 1870. G. P——, a boy aged sixteen. Discharge from right ear from infancy. Watch heard at three inches from the ear, and very deaf to conversation. The natural position of the membrane occupied by a polypus. This was removed with forceps, and he attended three times a week till July 25th, and three times between then and August 14th, when he was dismissed, the discharge having ceased, and the hearing for conversation being very good. The membrane on the other side was perforated; but, although the discharge from the ear ceased, the hearing improved very little from treatment.

CASE 2.—July 20th, 1870. J. G——, aged twenty-two. Discharge from right ear after measles in childhood.

Watch heard at two inches from the ear. A fleshy-looking polypus filled up the meatus. It was removed, and he was under treatment till August 17th, when a second small polypus appeared within the tympanum. This was taken away, and he attended once a week till Sept. 29th, the discharge having ceased, and the watch being heard at eight feet, and conversation very well. In this case, too, the membrane on the other side was perforated, but the hearing did not improve under treatment.

CASE 3.—April 19th, 1870. C. F. P——, male, aged eighteen. Discharge from right ear from a child. A large polypus projecting from the external meatus. Watch not heard on contact. He attended, after the polypus was removed, three times a week till May 10th; after then, sometimes once and at others twice a week till June 27th; from that date, occasionally at intervals of five or six weeks for six months. The perforation was very small, and the cavity of the tympanum became filled with discharge and made him deaf for the time; this caused the case to be so tedious. When dismissed he could hear conversation very well.

CASE 4.—M. M——, female, aged twenty-two. After scarlet fever. A perforation, and a polypus filling the meatus on the right side. Watch not heard on contact. Polypus removed. She attended once a week for fourteen weeks, when she was dismissed, the discharge having ceased. Although she heard the watch at five feet, the improvement for conversation was not proportionately increased.

CASE 5.—W. H——, male, aged nineteen. A perforation and polypus after five years of discharge from the right ear. Watch heard on close contact. Attended twice a week for two months, and was dismissed, the discharge having ceased, and hearing increased to six feet with the watch, and conversation very well.

When a polypus grows from the meatus without a perforation of the membrane (a rare state of things), it is just as easy to prevent its regrowth as it is difficult when it arises from the tympanic cavity with a perforation. This occurred in

CASE 6, where Mr. T——, aged twenty-six, who could hear well four weeks before I saw him, could then only hear a watch at one inch from the ear, and had a polypus growing from the meatus, and blocking up the orifice. The polypus was removed, and showed no disposition to grow again, the temporary deafness being only due to closure of the meatus. In ten days no traces of it were to be seen. The membrane was quite healthy.

CASE 7.—E. L——, aged twenty-six. After catarrh of the tympanum without a perforation of the membrane. In this example a small polypus could be seen in close apposition to the membrane, and arising from the meatus. This was taken away. Caustic applied five times, and the growth was quite eradicated. The hearing, however, did not improve, the deafness depending on the condition of the cavity of the tympanum remaining after the catarrh.

Grosvenor-street, November, 1871.

THE DANGER OF ILL-CONSTRUCTED AND NEGLECTED CISTERNS.

BY J. JARDINE MURRAY, F.R.C.S.E.,

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SEVERAL years ago I directed attention to the special dangers of ill-constructed and neglected cisterns, such as are met with in many of the houses in Brighton and other towns and villages throughout the country. Recent researches on the causes of epidemic diseases render this subject more important than ever, from a sanitary point of view.* But, as a rule, the cisterns in our dwellings are as ill-constructed and neglected as formerly; and, in newly-built houses, the faults appear to be just as bad—doubtless from ignorance, which in sanitary matters is more dangerous than wickedness.

In a house of small or moderate size there is usually only one cistern, from which water is drawn for drinking, cooking, and supplying the closets. The pipe which supplies a watercloset is often made to open by a tap at the end furthest from the cistern; but in many instances it will be found that water is admitted into the pipe by a plug or valve raised by means of a wire. This is much the more objectionable plan: for, in the interval between the times of use, the pipe, not being occupied by water, becomes filled with foul air which has ascended from the closet; and, when the plug or valve within the cistern is raised, water does not flow down the pipe till this stagnant air has bubbled up through the contents of the cistern. By either method there is risk of contamination of the water; and it seems unnecessary to insist that by the latter the pollution must be serious.

In large houses, having two, three, or more cisterns, sanitary arrangements are equally overlooked; and the cistern on the kitchen-floor, from which water is drawn for cooking and drinking purposes, too often supplies the servants' watercloset. The only way of accounting for the perpetuation of such mischievous arrangements is by supposing that as yet public attention has not been sufficiently directed to the importance of keeping water pure, and that the temptation to save a few feet of leaden pipe is too strong for builders, who are incredulous of the risks incurred. It cannot be too strongly urged that in every house not supplied by "constant service" there should be one cistern specially set aside for the water to be used for drinking and cooking purposes. And with regard to its regulation three other points are to be carefully observed:—

(1) The waste-pipe must not in any way communicate with the drains, else it may be the means of admitting foul air into the cistern, if not also into the house. Yet it will be found that at the present day builders often follow the dangerous practice of connecting the water-pipe with the soil-pipe or sewer, to which it acts as a ventilating shaft, so that the water in the cistern freely absorbs the sewer emanations and becomes polluted.

(2) There must be a well-fitting cover, in order to protect the surface of the water from the organic and inorganic particles which are constantly floating in the atmosphere, more especially in that of the basement story.

(3) At regular intervals the water must be entirely drawn off, so that the interior of the cistern may be thoroughly cleansed. In the case of a leaden cistern care must be taken to wash and cleanse the interior without scrubbing or scratching the surface of the metal. The most frequent cause of lead-poisoning is the use of water kept in leaden cisterns;* but when water acts chemically on lead, the surface of the metal soon acquires a closely adhering hard

* As far as regards the subject of this paper it matters not whether we accept the "germ" or "vital" theory of Pasteur, or prefer the physico-chemical doctrines of Liebig; whether we believe that diseases are always caused and propagated by the presence and self-multiplication of living units, or that they are sometimes also solely due to chemico-physical agencies. But, in its bearings on the practice of medicine and surgery, this is perhaps the most important question of the day, and the one which is being most keenly investigated and discussed.—Vide Professor Lister's Monographs on Antiseptic Surgery, and especially his Address at the meeting of the British Medical Association in 1871; Professor Tyndall's Fragments of Science, article "Dust and Disease," 1871; Lectures on the Principles and Practice of Physic, by Sir Thomas Watson, Bart., M.D., F.R.S., vol. ii., pp. 583-601, 5th edit., 1871; Epidemic and Specific Contagious Diseases—Considerations as to their Nature and Mode of Origin, by H. C. Bastian, M.D., F.R.S.

While the present paper is passing through the press, Sir Thomas Watson has written a letter to the *Pall Mall Gazette*, in reference to the illness of the Prince of Wales, in which the question of the genesis of enteric fever is thus clearly stated:—"Many believe that the poison which, issuing from sewers and cesspools, produces enteric fever, is capable of being generated *de novo* by the decomposition of fæcal and other impurities, and that the poison of typhus fever may be, and is sometimes, created by the mere crowding together of human beings, especially when these are badly fed and live in close, filthy, and ill-ventilated places. On the other hand, many—of whom I am one—have convinced themselves that sewer gases never cause enteric fever except when they are impregnated with a specific poison, which has been thrown off from the body of some person sick of the same disease; and that when typhus fever makes its appearance in the crowded dwellings of the poor, it is always because there was present in the otherwise foul and depressing atmosphere of those dwellings some leaven of contagium similarly derived from a subject or subjects of that disorder. In short, that these two specific fevers resemble small-pox, scarlet fever, measles, and the other diseases belonging to the same family, in this as in other particulars, that they never arise, nowadays, *de novo*, and independently of pre-existing contagion. Of all of them it is alike true that the source of the infection may often elude the most diligent search for it."

* Cases like those which occurred at Claremont among the members of the household of the ex-Royal Family of France are not rare. The effects were due to the use of water which had become impregnated by lead in the proportion of one grain to the imperial gallon. The children of the family did not suffer, but thirteen out of thirty-eight persons were affected to such a degree that the nails acquired a bluish discoloration. The children of the family did not suffer. (Vide Dublin Quarterly Journal, May, 1849 also Medical Gazette, vol. xliv., p. 260.)

white deposit, which prevents further chemical action of the water on the lead beneath. Still, as lead is an accumulative poison, which affects some persons strongly in the smallest quantities, and as the slightest degree of lead-contamination of water must be baneful to health, there can be no doubt that slate cisterns are to be recommended.*

It is true that we must still be, to some extent, at the mercy of the water companies. But let each man be roused to deal with that which is within his own control. The master of every household may protect himself and his family from such dangers as are liable to arise within his dwelling, and are none the less real because they are usually unrecognised—dangers which creep in at the cistern, and nestle in the dust which lies on the surface of the uncovered water.

There is no wish to play the alarmist, and there is really no ground for alarm. Cholera, choleraic diarrhœa, and enteric fever lose half their terrors, and more than half their dangers, when we have ascertained how they originate. Nothing can be more satisfactory than the knowledge that you may defy cholera so long as certain baneful particles are not introduced into your system. But this knowledge will afford poor consolation if it be found that from faulty cisterns you are liable to eat and drink the poison, and so obtain the disorder from any individual affected with it.†

Although atmospheric conditions alone cannot generate cholera unless the specific exciting poison be present, and although the converse of this may also be true, still it cannot be doubted that even when no epidemic is abroad the water we drink may contain impurities prejudicial to health. And if, under ordinary circumstances, the majority of those who drink the tainted water escape unhurt, it only shows that some persons are made ill more readily than others.

Whether or not the cholera is coming should matter little. The man who would avoid panic must deliberately close every probable opening for attack. Forewarned he will be forearmed. And if the cholera do not come, he will at all events be defended from other minor diseases which are always at hand. Let us hope that his house is supplied by the water company from uncontaminated fountains bursting out in the chalk, or welling up in the gravel. Then let him not abuse this inestimable blessing of pure water by receiving it into ill-constructed cisterns, by allowing it to stagnate from neglect, or by omitting to cover and protect it from dust and dirt.

November, 1871.

COD-LIVER OIL IN WHOOPING-COUGH.

BY J. PRESTWICH, L.R.C.P. &c.

FROM time to time we see various methods of treating whooping-cough advocated; but no remedy can be prescribed with certainty until the pathology of the disease is more perfectly known. In this paper it is not my intention to discuss the many theories of pathologists or to promulgate any new theory of my own, but simply to report a few cases selected from more than thirty in my own practice, in order to show the value of cod-liver oil in this peculiar complaint, so fatal to infant life, or, if not fatal, so distressing to children and parents. The action of any remedy which produces benefit equal to that which I have experienced with this valuable agent ought to be widely circulated amongst the profession. The improvement following the use of cod-liver oil in my own practice has been such that for some time I have considered it as a specific for whooping-cough. As is well known, the spasmodic attacks of this complaint are almost always preceded for some days by inflammatory or catarrhal symptoms. During this stage it has been my usual practice to treat all cases as ordinary attacks of catarrh, and afterwards to administer the oil. A fact worthy of notice is, that the majority of children had considerable enlargement of the concatenate glands; and the consequent reduction in the size of these glands may account to some extent for the benefit derived. It is also a remarkable circumstance that not one death has occurred where the oil has been administered and has been retained on the stomach.

CASE 1.—E. G——, aged nine months; male; a poor anæmic child, first seen Oct. 29th, 1869. Had had cough for ten days, with distinct whoop; paroxysms every hour, both night and day; was feverish; tongue furred and dry; pulse quick; respiration frequent, evidencing bronchitis. After pursuing the ordinary treatment until Nov. 13th, without any abatement of the cough, and the child being weak and emaciated, I ordered cod-liver oil, half a fluid drachm, four times a day. On the 14th, as he could not retain the ordinary oil, he was ordered Fox's "palatable cod-liver oil," one fluid drachm, every four hours. On Dec. 7th he was convalescent.

CASE 2.—M. H——, female, aged eight months, was seen Nov. 20th, 1869. Whooping-cough came on every two hours during the night, and nearly as often in the day. Vomiting occurred after each paroxysm. Tongue clean. She was ordered to take a fluid drachm of Fox's cod-liver oil every four hours. On Dec. 6th she was nearly well. The patient was not seen afterwards.

CASE 3 (which deserves special attention).—G. S——, male, aged four years. Had had cough for nine months, which came on every hour in the night, and six or eight times in the day, the paroxysms being severe, with scanty expectoration. He was thin, pale, and emaciated. Lobelia and chloral hydrate with syrup of white poppies was prescribed until Nov. 25th, with very little improvement, the paroxysms being as frequent as before. Two drachms of Fox's cod-liver oil were administered every four hours. On Dec. 5th the cough was almost gone, and there was no whoop; he was fuller in body, and was improving rapidly. On the 20th the patient was convalescent.

The above are three specimen cases taken from a list of thirty-three to whom Fox's "palatable" cod-liver oil was given because of its singularly easy retention on the stomach. Some patients did not experience the same marked improvement as those reported, but all obtained decided relief. Now the question arises—Is the improvement to be attributed solely to the beneficial action of cod-liver oil, or has Fox's preparation a peculiar influence over the disease, besides its suitability to the palate? I shall be glad to have the opinion of other practitioners on this point.

Oldham, Aug. 21st, 1871.

* Some natural waters are prevented from attacking lead by the salts they hold in solution. The more nearly pure, or the more free from saline matter, the water is, the more intense the chemical action. (Vide Guyton-Moreau, Annales de Chimie, lxxi., 197; Christison on Poisons, 2nd edit., pp. 458-61; Taylor on Poisons, 2nd edit., pp. 506-7; and Taylor's Medical Jurisprudence, 1865, pp. 240-43).

† "It cannot be too distinctly understood that the person who contracts cholera in this country is *ipso facto* demonstrated with almost absolute certainty to have been exposed to excremental pollution. Excrement-sodden earth, excrement-reeking air, excrement-tainted water—these are for us the causes of cholera." (Vide "Ninth Report of the Sanitary State of the People of England," by John Simon, Esq., F.R.S., Medical Officer of the Privy Council.)

NOTE ON THE DIGESTION OF MINERAL SUBSTANCES.

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PROFESSOR OF CHEMISTRY IN THE ROYAL VETERINARY COLLEGE.

PHYSIOLOGISTS and chemists have hitherto entertained the belief that the principal if not the sole function of the pepsin and acid contained in the gastric juice is to render soluble the albuminoid constituents of food, and thus prepare them for the subsequent process of absorption.

Conceiving, however, that it would be extremely interesting to study the effect, if any, of the solvent constituents of the gastric juice upon mineral substances, especially those employed as medicines, I have set myself the task of investigating this subject. The inquiry is yet but in its infancy; nevertheless the results already obtained are sufficiently positive and striking to induce me to "claim date" by placing on record the following experiments:—

Experiment 1.—A mixture of calomel* and distilled water containing 2 per cent of hydrochloric acid.

Experiment 2.—A mixture of calomel, pepsin,† and distilled water.

Experiment 3.—A mixture of calomel, pepsin, and distilled water containing 2 per cent. of hydrochloric acid.

* The calomel employed in all the experiments was previously tested as to its purity.

† Pepsina porci, prepared by Messrs. Bullock and Reynolds.

These mixtures were placed in glass vessels, and kept at 38° c. (100·2° F.), i.e., at about the temperature of the body, for twenty-four hours, during which time they were occasionally stirred or shaken. They were then thrown on to filters of Swedish paper, and the filtrates saturated with hydrosulphuric acid. The filtrates from Experiments 1 and 2 remained unaltered. The filtrate from Experiment 3 yielded a precipitate of sulphide of mercury.

The results of these experiments therefore show that neither dilute hydrochloric acid (2 per cent.) nor pepsin alone is capable of dissolving calomel, but that when these agents are mixed they do effect its solution, and consequently that the digestion of calomel, so far as its solution in artificial gastric juice is concerned, is brought about under the same conditions as that of the albuminoids.

The importance of this observation will become apparent when it is borne in mind that it offers an additional explanation to those already published of the manner in which calomel enters the circulation in order that it may exercise the many therapeutic actions with which it is accredited. Whether or not oxide of antimony, sulphide of antimony, and other so-called insoluble remedies, are dissolved by pepsin and dilute acid is a problem which remains to be solved. The influence of different acids, the chemical composition and characters of the dissolved mineral, and its behaviour when subjected to dialysis, also the action, if any, of peptones on inorganic bodies, have likewise to be determined; but these matters, together with many others, will form the subject of future communications.

Royal Veterinary College, Camden-town, Nov. 27th, 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

TWO CASES OF SEVERE COMPOUND FRACTURE OF THE LEG IN WOMEN OVER SEVENTY YEARS OF AGE; RECOVERY WITHOUT AMPUTATION.

WE are indebted for the notes of the following cases to Mr. Alban Doran, house-surgeon.

(Under the care of Mr. HOLDEN.)

The first of these cases is an old woman seventy-four years of age, who has been under Mr. Holden's care. She was admitted with a compound fracture of the tibia and fibula, with a severely lacerated and contused wound just above the inner ankle, through which the upper fragment of the tibia projected to nearly three inches, and considerable ecchymosis of the neighbouring parts. The projecting bone having been replaced, the limb was laid in good position on a back splint, with side splints, of which the inner one was interrupted at the situation of the wound. It was then suspended to a cradle and dressed with dry lint. Some anxiety was caused by the occurrence of sloughing in the ecchymosed tissues on the outer side of the leg opposite the wound. When we saw the patient, two months after the accident, she could bear weight on the limb and walk about the ward. She was in excellent health, and expected in a few days to be relieved of the leather splints which she wore. She has since left the hospital with a good limb.

(Under the care of Mr. WILLETT.)

The second case is that of a woman aged seventy-two, who was admitted, under Mr. Willett's care, with a compound comminuted fracture of the right tibia and fibula close to the ankle-joint. The foot appeared to be much displaced. The extensive commination of the involved bones was very evident. The wound, about an inch long, was situated a little above the instep over the tibio-fibular articulation; the hæmorrhage from it was inconsiderable, and pulsation could readily be detected in both the anterior and posterior tibial arteries. The limb was at once placed in a back splint and suspended to a cradle. The wound was simply covered by a piece of dry lint, and side splints were applied. For three weeks she steadily improved; her temperature did not rise above the normal standard; her appetite was good, and she slept well with the occasional aid of a dose of the hydrate of chloral. At the end of the third week the lint was removed from the wound; it appeared quite superficial, and discharged very slightly. The patient has since continued to make uninterrupted progress. The limb is in good position, and bony union has taken place.

REMARKABLE DISTORTION OF A KNEE-JOINT FOLLOWING RHEUMATIC INFLAMMATION.

The following remarkable instance of deformity is also under Mr. Willett's care:—

James M——, aged sixty-three, a labourer, was admitted with a curious deformity of his right knee, the result of chronic disease of a rheumatic character. The tibia is not only dislocated backwards and outwards, but also drawn upwards to such an extent that the external condyle of the femur rests on the inner surface of the shaft of the tibia, just below the inner tuberosity. The leg is so much flexed, adducted, and everted, that, as the patient lies in bed with the left lower extremity extended, the heel lies close to the left ankle. The remarkable position which the right leg occupies is calculated to give to a casual observer the idea that an amputation at the knee-joint has been performed, and that the severed leg, turned on its outer side, had been laid on the bed with its upper end behind the stump. The patient states that he has long been subject to rheumatic attacks, the last of which occurred eleven months ago and finally settled in the right knee. That joint remained swollen for six weeks, and while the swelling was subsiding, early one morning, he suddenly felt the joint give way, and the bones at once fell into much the same position as they occupy at the present time. As the limb is perfectly useless he has entered the hospital with a view to having it removed, and is now awaiting amputation.

UNIVERSITY COLLEGE HOSPITAL.

A CASE OF PHTHISIS FOLLOWING PNEUMONIA OF THE RIGHT LUNG, AND BRONCHITIS OF THE LEFT.

(Under the care of Dr. WILSON FOX.)

IN the "Mirror" of the 25th ult. we briefly recorded some clinical observations by Dr. Wilson Fox on the diagnosis and treatment of a patient in whom phthisis appeared to have supervened on pneumonia of the right lung, and on bronchitis of the left. There seemed to be reason to hope that, under careful treatment, his condition might be brought to undergo some improvement. As, however, death ensued three days after our visit, we are enabled now to add an account of the condition which was revealed at the post-mortem examination.

Death occurred, apparently from suffocation, ten minutes after a fit of coughing, in the course of which a large quantity of blood flowed from the mouth and nostrils.

The left lung completely overlapped the heart, which encroached to the right of the sternum; it extended upwards, on the right side, as far as the second cartilage, and was more or less emphysematous throughout, especially at the anterior margin and base. No distinction could be accurately traced between the lobes of the right lung. The bronchi, especially those of the right lung, were filled with frothy fluid; blood-stained mucus was found in those of the left lung, but no clots were found in any of the larger bronchi.

The upper lobe of the right lung was occupied by an extensive cavity, of which the parietes were changed into pigmented fibrous tissue, and completely consolidated. The middle lobe was the only portion of the right lung which contained any remaining lung tissue; it was emphysematous at the upper part, studded with tubercle, and with indurated and caseous granulations, some of which were arranged in racemose groups, interspersed with fibrous

bands, of which some appeared to be pleural and ran indefinitely into the lung. The lower lobe was occupied by a very large cavity, in which were numerous bronchi considerably dilated; it was traversed by fibrous bands, some of which contained pervious vessels. The active source of the hæmorrhage could not be discovered. The bronchi of the two lower lobes of this lung presented numerous fusiform dilatations which passed into ulcerated cavities.

In the left lung, the bronchi presented similar fusiform dilatations; those of the upper lobe ended abruptly in a few ulcerated cavities. The posterior part of the upper lobe was occupied by a cavity lined with caseous matter, and the emphysematous tissue contained pigmented, indurating, semi-cartilaginous tubercle. In the lower part of the upper lobe numerous masses of fibrous thickening surrounded the excavations, and ran irregularly through the lobe, intercommunicating. There was no disease of the lining membrane of the heart; but the right ventricle was hypertrophied. The mucous membrane of the stomach was covered with thick blood-stained mucus; it was thickened, indurated, and finely injected; no ulceration or erosion could be discovered in the intestines.

GREAT NORTHERN HOSPITAL.

A CASE OF LUPUS EXEDENS OF TWENTY YEARS' STANDING; RAPID CICATRISATION UNDER LARGE DOSES OF IODIDE OF POTASSIUM.

(Under the care of Mr. GAY.)

THERE is at present under treatment, at the above hospital, a woman suffering from lupus exedens, whom we had the opportunity of examining when she applied for relief some weeks since. The disease had slowly extended for twenty years, and had eaten away the greater portion of the superior maxilla, and the nasal bone and cartilage, on the left side. An effort at extirpation, to be followed by a plastic operation, had been decided on, when it was suggested that large doses of iodide of potassium should first be tried. No syphilitic history could be elicited, but the treatment was commenced with twenty-grain doses three times daily. These were soon increased to half a drachm. The effect on every part of the ulceration was remarkable. The surface of the sore, from a dull and torpid-looking red, became bright and velvety, and healing at the margin became rapidly established. It continues to make such progress that there is every prospect of complete cicatrisation being ultimately attained. It is curious to observe that the first step in the healing process is the formation of scales of epithelium, which appear to be unhealthy and adhere but slightly to the surface; but beneath these is developed a cicatrix composed of healthy scales.

The patient is still under treatment, and attends on Wednesdays at half-past 2 o'clock.

PROVINCIAL HOSPITAL REPORTS.

RADCLIFFE INFIRMARY, OXFORD.

CASES OF CHOREA TREATED ON THE EXPECTANT PLAN.

WE conclude, this week, the series of cases of chorea treated without the aid of drugs, of which we gave the first six in our last.

(Under the care of Dr. TUCKWELL.)

1. Girl, aged twelve. First attack. Chorea general, moderately severe. Had rheumatic fever four months before admission. Loud mitral systolic murmur. Treated with good diet and peppermint-water. Duration before admission, three to four weeks; the movements ceased four weeks after admission; total duration, seven to eight weeks.

2. Girl, aged nine. First attack. Chorea general, moderately severe. No assigned or discoverable cause. Short mitral systolic murmur. Treated with good diet and sugared water. Duration before admission, six weeks; movements ceased three weeks after admission; total duration, nine weeks.

3. Girl, aged fourteen. First attack. Chorea left-sided, slight, together with paralysis of left arm. Attacked, four months before admission, with left hemiplegia, to which succeeded left hemichorea. Systolic murmur, loudest at the base. Treated with good diet and sugared water. Duration before admission, ten weeks; movements ceased two weeks after admission; total duration, twelve weeks.

4. Woman, aged twenty-six. First attack. Chorea right-sided, moderately severe, together with partial right hemiplegia. Had rheumatic fever four months before admission. Mother had "the dance" when sixteen years old; her sister had two attacks, one at nine, the other at fourteen years of age. No cardiac murmur audible. Treated with good diet and peppermint-water. Duration before admission, twelve weeks; movements ceased five weeks after admission; total duration, seventeen weeks.

5. Girl, aged fourteen. Third attack. Chorea right-sided, slight. No history of rheumatism in herself, but mother had rheumatic fever. Systolic mitral murmur. Treated with good diet and peppermint-water. Duration before admission, three weeks; movements ceased three weeks after admission; total duration, six weeks.

6. Girl, aged eight. First attack. Chorea general and severe. Had rheumatic fever two years ago, and has lately had pain in wrists. Sister had chorea when ten years old. Loud mitral systolic murmur. Duration before admission, one week; movements ceased six weeks before admission; total duration, seven weeks.

7. Girl, aged fifteen. First attack. Chorea general, moderately severe. Severe pain in right shoulder preceded the chorea. Systolic thrill felt, and loud blowing systolic mitral murmur heard, which disappeared before she left the hospital. Treated with good diet and peppermint-water. Duration before admission, three weeks; movements ceased six weeks after admission; total duration, nine weeks.

8. Girl, aged seven. First attack. Chorea general, slight. Pain and swelling of both ankles ten weeks ago. Father had rheumatic fever. Systolic mitral murmur, which disappeared before she left the hospital. Treated with good diet and peppermint-water. Duration before admission, eight weeks; movements ceased four weeks after admission; total duration, twelve weeks.

9. Same girl. Second attack. Chorea general, moderately severe. She had remained well for four months, and was then again seized. Loud-blowing mitral murmur again heard, which again disappeared *pari passu* with the chorea. Treated with good diet and peppermint-water. Duration before admission, four weeks; movements ceased eight weeks after admission; total duration, twelve weeks.

10. Girl, aged ten. First attack. Chorea chiefly left-, slightly right-sided, with slight left hemiplegia. Severe pains in knees and ankles in course of past winter. Systolic murmur, loudest at the base, which disappeared before she left the hospital. Treated with good diet and peppermint-water. Duration before admission, nine weeks; movements ceased six weeks after admission; total duration, fifteen weeks.

11. Boy, aged eight. First attack. Chorea general, slight. No rheumatic history in boy, but father had rheumatic fever. No murmur audible. Treated with good diet and peppermint-water. Duration before admission, three weeks; movements ceased six weeks after admission; total duration, nine weeks.

12. Girl, aged thirteen. First attack. Chorea general, moderately severe. Pain and swelling in right ankle and wrist eight weeks ago. Brother has had rheumatism and chorea; father has had rheumatic fever. Short mitral systolic murmur. Treated with good diet and peppermint-water. Duration before admission, six weeks; movements ceased three weeks after admission; total duration, nine weeks.

The above series shows well how remarkably chorea is liable to vary in its natural duration. The most protracted case in Dr. Gray's list lasted twenty weeks, the shortest six weeks; the longest of Dr. Tuckwell's cases seventeen weeks, the shortest six weeks. The average duration of Dr. Gray's six cases is ten weeks and one day; of Dr. Tuckwell's twelve cases, ten weeks and three days. In comparing these averages with others where treatment by means of various drugs has been employed, a remarkable identity of results is observed. Dr. Gray, taking at random, and not selecting for any special reason, seven other

cases of chorea treated in the ordinary way with arsenic, steel, &c., finds the average duration of each to be ten weeks and two days. The mean duration of eight cases treated in succession by Dr. Tuckwell with arsenic in gradually increasing doses, after Dr. Begbie's plan, was ten weeks and six days; the longest case lasting sixteen, the shortest seven weeks. Dr. Hillier puts the mean duration of thirty cases at "about ten weeks." Sée gives sixty-nine days as the average duration in one hundred and seventeen cases.

Without wishing in the least to depreciate the labours of those who are seeking to discover a real cure for chorea, the gentlemen to whom we are indebted for the above cases submit that a remedy which will hasten recovery from chorea yet remains to be discovered.

ERITH, CRAYFORD, AND BELVEDERE COTTAGE HOSPITAL.

REMOVAL OF THE LEFT OVARY FOR COLLOID CANCER, WEIGHING NINE POUNDS AND A HALF; RECOVERY.

(Under the care of Mr. FREDERICK B. JESSETT.)

MARGARET C——, aged forty, married, with four children. Noticed the enlargement nine months before admission. She was seen first in June, when she was suffering from acute pain in the abdomen. On examination, a tumour, about the size of a cocoa-nut, was discovered occupying the left inguinal region. There was excessive tenderness over the whole tumour. Catamenia had ceased for three months. The urgent symptoms were readily relieved by hot fomentations and opiates. The patient did not come under notice again until September, when Mr. Jessett found her suffering intensely from acute pains over the whole of the abdomen. On examination, there was found a large tumour, which was divided apparently into four distinct cysts, each one of the size of a large cocoa-nut. Only in one of the tumours, however, was fluctuation perceptible, the others giving to the touch almost the feeling of the gravid uterus. There had been no return of the catamenia for over five months. On auscultation, not any fœtal bruit could be heard. The percussion note was dull generally, but in the right flank it was clear.

The patient was admitted into the cottage hospital on Sept. 26th, 1871. On making a vaginal examination, the uterus was found enlarged and evidently pregnant. Two days afterwards she again complained of great pain over the abdomen, and there was great tenderness over the tumour; this was again relieved by hot fomentations. On Oct. 4th Mr. Jessett was sent for, and found the patient in great pain, coming on at regular intervals. On examination, the os uteri was found to be dilated as large as a crown-piece; and a few hours afterwards she was delivered of a six-months' child, stillborn.

The patient made a good recovery from her labour. The size or shape of the tumour was not perceptibly lessened or altered. The catamenia appeared on October 23rd, and ceased on the 28th.

It was determined to operate on the 30th of October. The measurements before the operation were—round the abdomen at the umbilicus, 38 inches; two inches below, 39 inches; from umbilicus to pubes, 11 inches. Pulse 96 per minute; countenance sallow. The bowels having been well relieved by an enema, chloroform was administered, and an incision below the umbilicus, four inches long, divided the peritoneum and let out a quantity of ascitic fluid. All the cysts, with the exception of one, were found to be solid. This was emptied in the ordinary way; the incision was then enlarged, and, finding the tumour firmly adherent to the omentum and parietes, Mr. Jessett proceeded carefully to break down the adhesions. As there were no adhesions posteriorly, he had no difficulty in turning out the tumour. The pedicle, a thin, narrow one, was secured with a whipcord ligature—previously soaked in carbolised oil (1 to 5)—and dropped back into the abdomen. There being some hæmorrhage from the omentum, which was a good deal torn in separating it from the tumour, a part of it was ligatured and cut off. The edges of the wound were brought together with silver-wire sutures, the wound strapped up with plaster, a dressing of carbolic oil applied, and a large linseed-meal poultice, which was changed every five hours during the first three days, placed over the whole abdomen; an opiate suppository was also administered. The wound healed by the first intention. The sutures were removed on the seventh day, and the patient made a good recovery, without having had a single bad symptom. The temperature after the first day from the operation never exceeded 99°.

Mr. Marcus Beck, who examined a portion of the tumour, pronounced it to be colloid cancer.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 28TH, 1871.

MR. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ON A CASE OF UNILATERAL ATROPHY OF THE TONGUE.

BY WM. FAIRLIE CLARKE, M.A., F.R.C.S.,
ASSISTANT-SURGEON TO CHARING-CROSS HOSPITAL AND TO THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

MRS. H——, aged forty-five, the wife of an oilman in the north of London, became aware of a tumour in her right breast in the spring of 1869. In February, 1870, she showed it to Mr. Hume, of Devonshire-street, Islington, and he recommended that it should be removed at once, as it had all the characters of a malignant growth. It was accordingly excised on the 16th of February. The wound healed slowly, but satisfactorily. On April 15th she complained of cough and slight dyspnœa, the latter only noticeable after exercise. Under treatment the cough soon disappeared, but the dyspnœa continued. On the 3rd of October Mr. Hume was called suddenly, and found her suffering from a deep-seated pain on the right side of the head, of a periodic character, returning each night between 1 and 2 o'clock A.M., and rendering her for some hours incoherent and unmanageable. Many remedies were tried; but the only thing which gave her relief was morphia in grain doses. It was at this date that the atrophy of the tongue was first noticed, though it was not then so marked as it afterwards became. On March 29th, 1871, Mr. Hume was again urgently required to attend, and found the patient suffering from all the old symptoms, but in an aggravated degree; and in addition there was an alarming dysphagia, together with paroxysms of suffocation, which recurred about three times in the twenty-four hours. On being asked to protrude the tongue, she always appeared unable to do so at first; and, on the request being repeated, would reply, "Wait a minute." Then, after a few moments' deliberation, she put it out very slowly. The tongue was puckered and crimped along its whole right side from base to apex, though these appearances were the most marked at the anterior two-thirds. An actual loss of substance had taken place, but it was bounded exactly by the median raphé; and the contrast between the *plumpness* of the left side and the shrivelled aspect of the right was very striking. When it was protruded, there was no deviation to either side. Articulation was slow and difficult. There was great pain along the right side of the neck, with a certain fulness and turgescence of the vessels; but no tumour could be felt in any part of the mouth or neck. Together with these symptoms there was general cachexia and great prostration of strength. From this time the dysphagia and dyspnœa gradually became worse; and on the 7th of June, in one of the attacks of suffocative cough, the patient died. At no time during her illness had there been any paralysis of the extremities, and her intellectual faculties remained clear throughout her whole illness.

Unfortunately no autopsy could be obtained; but, looking at all the circumstances of the case, the writer thought there was good reason to believe that the ninth nerve on the right side was involved in a secondary cancerous tumour, such tumour being situated either within the cranium or at the upper part of the neck, and pressing upon the right hypo-glossal nerve, and more or less implicating the pneumogastric and glosso-pharyngeal nerves as well.

The writer then proceeded to compare with this case two other instances of well-marked unilateral atrophy of the tongue: the one related by Dupuytren in the "Leçons Orales" (lecture on Hydatid Tumours); the other by Sir

James Paget, in the third volume of the Transactions of the Clinical Society. The experience of Romberg and of Bidder was adduced to show that this remarkable condition of the tongue may be produced by a lesion of the ninth nerve; and to establish the same point the author related an experiment that he had made. On Oct. 25th he divided the right hypo-glossal nerve in a rabbit, and took out a piece about a quarter of an inch in length. Immediately after the operation, and during the whole time that the animal was under observation, the tongue was strongly protruded to the right side. On Nov. 27th the rabbit was killed. It was found that the nerve had united by a soft gelatinous and highly vascular substance, of about twice the ordinary calibre of the nerve. The right side of the tongue, along its posterior half, was slightly wasted and flattened.

The preparation was exhibited; and an outline sketch, illustrating the case which had been related, also accompanied the paper.

Dr. JOHN HARLEY acquiesced in the view that the nerve affection was due to a cancerous tumour. It was not unusual in scarlatina, when the glands were swollen, to note deviation of the tongue. He had a case now in hand occurring in a youth of fifteen. He suffered from occipital headache and vomiting at intervals; his tongue deviated. The glands were swollen on both sides, especially the right.

Dr. BASTIAN was by no means certain that tongue atrophy was always associated with paralysis of the ninth. He had a case of paralysis of the tongue where there was no paralysis of that nerve. The diviation was slight. When tested by faradisation contractility was left. Another case reported by Jaccoud showed the same. In a case of progressive muscular atrophy there was paralysis of the tongue on one side, and so of the face. These cases had been long under notice, yet no wasting of the tongue followed. After death the anterior roots of the nerves were much atrophied, and so with regard to the facial and hypoglossal, whilst the fifth was healthy. Jaccoud thought the sympathetic fibres go with the fifth to the face, rather than with the motor nerves; such was also his opinion. There was no atrophy in the rabbit, though there was deviation of the tongue.

Dr. HABERSHON referred to the case of a woman, aged fifty-two, who was in Guy's Hospital with a tumour of the breast. This wasted, but the glands in the axilla and neck enlarged, and the right side of the tongue became flaccid. The tip was turned to the left, and she had difficulty in managing her food. Sensation in it was perfect. The right sterno-hyoid was paralysed. She suffered from pain in the back of the head and spine, and she gradually wasted and died. There was found to be cancer of the skull-bones, implicating the orifice of the eighth nerve, and the vertebræ were cancerous.

Dr. HUGHLINGS JACKSON had never seen this without paralysis of the other cranial nerves. A man noticed his tongue turned to one side, and in another both sides were paralysed; but he had never seen wasting from paralysis of the fifth. Some of these patients could talk well, and by voluntary efforts could sometimes move the tongue to the paralysed side.

Dr. WILLIAM OGLE referred to a case reported by Dr. Salter, where the hypoglossal was cut, and paralysis and atrophy followed. The tongue might be protruded straight after section of the hypoglossal, and it was not always protruded to the side of the lesion. The genio-hyoglossus protruded the tongue, and that might be paralysed without causing deviation. Withdrawal of the tongue reverses the deviation. In the rabbit the tongue on the injured side was higher than usual.

Dr. HILTON FAGGE said there were two drawings at Guy's of such atrophy, and he had seen one case himself in a boy aged five years and a half with disease of the upper cervical vertebræ. In this case the odontoid process projected through the dura mater. He thought the transverse fibres might push the tongue to the opposite side.

Mr. T. SMITH thought the genio-hyoglossus enough to thrust the tongue to the other side.

Mr. H. POWER said Dr. Bastian entered on the question of trophic nerves. He thought they went with the fifth to the tongue; Mr. Clarke thought with the eighth. He cited the instance of the ophthalmic of the fifth being divided, and producing destructive inflammation of the eyeball, as showing that sensitive nerves did preside over nutrition. He thought the atrophy must be due to vaso-motor paralysis.

Mr. SOELBERG WELLS said Meissner divided the fifth, it was true, but inflammation only followed section of the inner division of the ophthalmic.

Mr. BRUDENELL CARTER alluded to another class of cases connected with trophic nerves—viz., cases of herpes. With such the ganglia became enlarged. He had seen frontal herpes followed by increased tension and turbidity of the cornea, with exaltation of sensation. This was, perhaps, due to affection of the cavernous ganglion.

Mr. BARWELL said that in this case it was assumed that cancer was the cause of the paralysis, the disease recurring after extirpation. He thought there was no evidence of this.

Mr. HOLTHOUSE had seen a case of strabismus with pain at the back of the head. The left side of the tongue was atrophied, and the patient had difficulty with food. The ninth and sixth nerves were affected, apparently from syphilis. The patient got well.

Mr. CLARKE briefly replied.

CASES OF INTER-MENSTRUAL OR INTERMEDIATE DYSMENORRHŒA.

BY WM. O. PRIESTLEY, M.D.,

PROFESSOR OF OBSTETRIC MEDICINE IN KING'S COLLEGE.

The author pointed out that, although much had been written concerning dysmenorrhœa, and several forms of it had been described in accordance with the pathological views taken of its causes, the description of the several varieties was ordinarily limited to the time of the catamenial period, with the two or three days additional which may precede and follow the menstrual flow. From time to time, however, cases of a more obscure kind presented themselves, in which the chief suffering is remote from the actual menstrual period, but comes on, nevertheless, with the same punctuality, and is probably dependent on organic changes associated with the production of the catamenia. Probably other practitioners had observed like instances, as they were not unfrequent, but as the author had met with no description of them, he brought the subject before the Society as a fragmentary contribution to the pathology of uterine affections, which might possibly evoke further elucidation by discussion.

In all the cases detailed severe pain was experienced by the patients midway in the menstrual interval. The pain commonly came on about fourteen days after a catamenial period, and, after lasting a variable number of days, ceased before the supervention of the next expected period. In one case, the pain, beginning midway in the interval, ran into the following monthly period, and was relieved by its flow. The suffering was constantly referred to one or other ovarian region, and in three cases out of four marked tumour, or thickening from old adhesions, was found in that locality.

The reason for the occurrence of pain in the inter-menstrual period, and with such regularity, was not, in the present condition of our knowledge, perfectly obvious. A study of the physiolcgical and pathological conditions left little doubt, however, that it was due to perturbations in the function of "spontaneous ovulation" habitually going on in the ovary. Hypertrophy of the structure of the ovary, or thickening of its indusium, would lead to undue vascular excitement, and impede the advance of ova to the surface in their attempts to attain maturity. It was not unreasonable to suppose, from all the known facts of the case, that preparation for an approaching period began in the ovary ten or fourteen days before the occurrence of the monthly uterine discharge, and if the initial steps in the process of ovulation were opposed by certain pathological conditions, pain would ensue. Nay, in the absence of distinct organic change, it might readily be imagined how special irritability in the ovary would cause an unusual amount of disturbance whenever there was occasion for the exercise of fresh activity in the organ. This latter class of cases would partake more or less of a neuralgic character.

The treatment would depend on the pathological condition as ascertained by examination. The pain being only a symptom, it would be needful to inquire into the cause; and if there were tumour, or thickening depending on former inflammation, absorbent remedies would be indicated. If no organic change of structure could be detected, anti-neuralgic remedies, such as quinine, iron, and arsenic, would best answer the purpose of cure.

Dr. ELAM asked how far this idea would correspond to that commonly entertained with regard to fecundation.

Dr. PRIESTLEY said the facts in nowise militated against the ordinary ideas.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 21ST, 1871.

MR. JOHN HILTON, PRESIDENT, IN THE CHAIR.

THE CHAIRMAN wished to recite to the Society the particulars of a case of Epithelioma, which resembled those brought forward at the previous meeting by Mr. Hulke, in the fact that the growth had originated in an old cicatrix many years after the cicatrix had been formed. The patient was a gentleman who died a few years since, aged eighty-four. He was much troubled in his youth by a bending forwards of his tibiæ, which caused an ugly deformity of his legs, and prevented him from appearing to advantage in the breeches and stockings which were then in vogue. He sought the advice of Sir Astley Cooper and asked him to remove his deformity. Sir Astley advised him to call in the aid of a bone-rasper, and this advice, given half in joke, was implicitly followed by the patient, who got the protuberant portions of his shins rasped off, and was thereby enabled to wear the costume of the period without attracting undue notice. This process of rasping left, as may be imagined, very ugly cicatrices, and in one of these there grew, after an interval of half a century, a mass of epithelioma which hastened the patient's death.

Dr. DICKINSON exhibited an Intracranial Aneurism of the middle cerebral artery. The patient was an old lady who was in apparently excellent health, and one day after eating her dinner (which she had enjoyed) her head dropped forward, and she died without the least sign of any pain or struggle. The amount of blood extravasated was found at the post-mortem to be inconsiderable, and not to have invaded the fourth ventricle. Dr. Dickinson considered that the cause of death was shock acting upon an enfeebled constitution. The heart was healthy, there were no vegetations on the valves, and the coronary arteries, as well as the arteries of the body generally, were free from disease. The arteries of the brain alone exhibited a marked amount of atheromatous degeneration. Dr. Dickinson observed that death from rupture of a cerebral aneurism was not usually so sudden as in the case in question; but he observed that it not uncommonly occurred immediately after a meal. In answer to Dr. Hughlings Jackson, Dr. Dickinson said that his patient had not been subject to epileptic convulsions.

Dr. BAUMLER exhibited an Aneurism of the Innominate Artery. The aneurism had appeared as a pulsating tumour above the clavicle, and had compressed the common carotid artery, the trachea, the sympathetic, the pneumogastric, and the recurrent laryngeal nerves. The patient, on admission to the German Hospital, was aphonic, and on attempting to speak it was evident he could not close his glottis. The laryngoscope showed paralysis of both vocal cords, which led to the diagnosis (which was not confirmed) that both recurrent laryngeal nerves would be found compressed. There was no hypertrophy of the left ventricle, though the apex of the heart pulsated during life in the sixth interspace, and an inch outside the nipple line.

Mr. BRUDENELL CARTER exhibited, by means of Burke's demonstrating ophthalmoscope, the Fundus of the Eye of a patient who was the subject of optic neuritis. The demonstration was perfectly clear and evident, even to those most inexperienced in the uses of the ophthalmoscope.

Dr. HUGHLINGS JACKSON considered that the appearance of the optic disc indicated that a cerebral tumour was very possibly present.

Mr. HULKE considered that this method of diagnosing the presence of a tumour on the brain might be most useful to surgeons. It was often a very hazardous thing to interfere with tumours of the skull, because of the danger of their growing internally as well as externally, and he thought that the ophthalmoscope might possibly in many instances give the desired information.

Dr. HAWKES exhibited a Horse-shoe Kidney.

Mr. HENRY ARNOTT exhibited the Bones after Excision of the Elbow-joint, which he had performed two years previously. At the time of the operation the amount of disease was very great, and it was necessary to remove a very large portion of the bones, especially the humerus. Notwithstanding this, bony tissue had been largely re-formed, and had taken very much the shape of the original bones. There was scarcely any appreciable shortening of the limb, and the amount of movement was very large. The patient had died with cerebral symptoms, and in the brain (which was also exhibited) were three tumours of a scrofulous (or tuberculous?) nature, varying in size from a walnut to a hen's-egg. Under the microscope these masses exhibited all the characters of lymphatic tissue. The patient was typically scrofulous, and Mr. Arnott thought that these tumours tended to show a link between the scrofulous and tuberculous diatheses.

Mr. MAUNDER thought that the amount of new bone thrown out in these cases was analogous to "callus," and was due to the movement of the cut ends of the bones being encouraged by the surgeon.

Mr. DE MORGAN did not agree with Mr. Maunder's theory. He had seen a case of Ricord's, in which the whole of the lower end of the radius had been removed, the ulna being left untouched, and the ulna had so increased in size as to form a sort of socket for the reception of the carpus. He mentioned also another case, in which (after excision of the elbow) the growth of the humerus had been so excessive as to necessitate a second operation for its removal.

In reply to Mr. Haward, Mr. ARNOTT stated that no particular care had been taken to preserve the periosteum.

Dr. DICKINSON exhibited the Larynx and Trachea of a man upon whom laryngotomy had been performed in consequence of œdema glottidis. He died a fortnight after the operation, of acute pneumonia. Dr. Dickinson called particular attention to the fact that the mucous membrane of the air-passages below the artificial opening was intensely congested, while above the opening it presented a normal appearance. This he attributed to the fact of the patient inhaling air which had not passed through the nostrils, and was consequently cold and dry. In thirty-six fatal cases of tracheotomy after croup, an inflammatory condition of the air-passages below the opening had been found in twenty-five of them.

Mr. SQUIRE and Dr. WILKS both agreed with Dr. Dickinson that the admission of cold and dry air in these cases was a serious matter, and demanded the greatest care for its prevention.

Reviews and Notices of Books.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, A.M., M.D., LL.D., Professor of the Practice of Surgery with Operations in Bellevue Hospital Medical College, Surgeon to Bellevue Hospital, &c. Fourth Edition. Revised and improved. Illustrated by 322 Woodcuts. Philadelphia: H. C. Lea. London: Trübner and Co. 1871.—A fourth edition of a book which first saw the light only in 1860 cannot require much criticism at our hands, for it is obvious that the work has assumed a position of its own among the standard authorities of surgery. The new edition has evidently received much attention from the author, who has incorporated in it much of the valuable matter relating to dislocations of the head of the thigh-bone contained in Dr. Bigelow's treatise on the subject. These views, though referred to in the last edition of Druitt's Vade Mecum, do not appear to have attracted the attention they deserve in this country. Many of Bigelow's illustrations have also been introduced, and many other new ones added to the work. We take the opportunity of calling the attention of Mr. Lea, of Philadelphia, the publisher of the work, to the fact that no English publisher has ever attempted to republish Hamilton's treatise in this country, though the speculation would doubtless be a profitable one, and the reproduction facile, since a large proportion of the woodcuts are from English sources. His agents, Messrs.

Trübner, stamp their names on the title-page, in order that English purchasers may know where to procure the book, whereby the profits of both author and publisher are increased, whilst at the other end of the book appears a catalogue of Mr. H. C. Lea's piracies from British authors, not one of whom is benefited by the transaction!

St. Andrews Medical Graduates' Association Transactions, 1870. Edited by LEONARD W. SEDGWICK, M.D., Hon. Sec. London: J. and A. Churchill. 1871.—The fourth volume of these Transactions, although very unequal as regards the value of the papers contained in it, is a good one. Dr. Richardson leads off with his presidential address on the Future of Physic, which we noticed at the time of its being delivered. He is followed by a short paper by Dr. John Whitmore on the Effects of recent Sanitary Legislation on the Health of the Metropolis, and on our present urgent sanitary needs, with the discussion that it provoked. Dr. George Balfour's article on the Diagnosis and Treatment of Aortic Aneurism strikes us as practically the most valuable article in the volume. As our readers are probably aware, he speaks in high terms, and apparently deservedly so, of the utility of iodide of potassium in this class of cases, and his account of the best method of treating internal aneurisms, and of his experience with this drug, are decidedly worth reading. There is nothing particular to detain us in Dr. Drysdale's paper on Syphilis. Of course he does not lose the opportunity of stating his opposition to mercury. Dr. Richard Norris, Professor of Physiology in Queen's College, Birmingham, contributes an excellent and well-reasoned article on the Extrusion of the Morphological Elements of the Blood, which contains plates illustrative of experiments for demonstrating the passage of bodies through films or membranes.

Food, Water, and Air. Edited by ARTHUR HILL HASSALL, M.D. London: Wyman and Sons.—A few weeks since we gave a short notice of this publication, but it was of too brief a character to convey anything like a just notion of the importance of the work, which is devoted to the consideration and elucidation of three subjects of such paramount interest as those of food, water, and air. In the editor of such a work, high and peculiar qualifications are required: he must be a chemist and microscopist, and practically acquainted with the subjects treated of. In all these respects Dr. Hassall is eminently qualified, the principal part of his life having, from a special fondness for them, been devoted to these and other kindred sanitary subjects. Further, the editor brings to the arduous task he has undertaken a thorough conscientiousness; no wrong or abuse will ever find in him a defender, his voice having always hitherto been raised in favour of purity and genuineness in such questions. Each of the short words forming the title of the work has a wide significance, and embraces a great variety of subjects. Thus food has to be discussed and considered in regard to its supply, its properties, its preparation and manufacture, its quality, and its genuineness. Water has to be treated in its many forms and conditions, from the pure water of the spring to the befouled water of sewage. While, lastly, the air has to be described as affected by respiration, combustion, and decomposition, &c. So that a very extensive range of subjects is embraced, and there is no fear that interest in the work will fail for want of variety. Were we to cite the titles of the several articles in the two numbers already published, abundant proof of thi statement would be afforded. We regard, therefore, this publication as one of considerable importance, and we believe that it will render valuable service to the public.

A Systematic Handbook of Volumetric Analysis; or, the Quantitative Estimation of Chemical Substances by Measure, applied to Liquids, Solids, and Gases. By FRANCIS SUTTON, F.C.S. Norwich. Second Edition. London: J. and A. Churchill. 1871.—The first edition of this book on volumetric analysis was well adapted to supply a want in this country; and its author has evidently spared no pains to render the second edition a thoroughly reliable, easy, and practical guide to the subject. The modern system of atomic weights has been adopted in the present edition, which is considerably enlarged by the extension of the sections on analysis of gases; and besides the careful revision that it has undergone the volume is admirably illustrated throughout, many of the illustrations being new. The application of volumetric analysis is extending every year—a result that is by no means surprising considering the large amount of time and labour that is saved by it in comparison with the other method. We are far from believing, as we have more than once said, that there is any royal road to chemical analysis; but we hold that medical men, pharmaceutical chemists, and others who have been fairly grounded in the laws of chemical combination and decomposition, will be able, with the aid of Mr. Sutton's book, to do good and sound work in volumetric analysis, if they only possess the qualities that are requisite for any task of the kind. The section on the analysis of urine appears to us to be very well done, and will be found suitable to the wants of the medical student. The author has been ably aided by Mr. W. Thorp, F.C.S., principal assistant chemist to the Royal Commission on the Pollution of Rivers; by Dr. Frankland; and by Mr. Herbert McLeod, F.C.S., Professor of Chemistry and Experimental Science at the Indian Civil Engineering College. We can very warmly commend this handbook, for it is excellent in every way.

A Manual of Anthropology, or Science of Man, based on Modern Research. By CHARLES BRAY, Author of "Philosophy of Necessity," "Force and its Mental Correlates," "The Education of Feelings," &c. London: Longmans, Green, Reader, and Dyer. 1871.—This work covers a very wide field, and discusses those difficult problems which have never failed to stimulate the curiosity and puzzle the heads of subtle and philosophical thinkers of every age. That many of them are, by their nature, likely to remain unsolved we feel confident; but we have little doubt that the beginning of our task must consist, as Dr. Henry Maudsley says, in breaking down the barrier set up between psychical and physical nature. We cannot do more than briefly notice this volume. The writer has, we think, set himself a task beyond his powers. He has read more than he has digested, and his reading has, we take it, been of a somewhat discursive, desultory character; but he writes smartly, and has unbounded confidence that the light of modern discovery will prove a true light.

A Manual of Scientific Inquiry, prepared for the Use of Officers in Her Majesty's Navy and Travellers in General. Originally edited by Sir JOHN F. W. HERSCHEL, Bart. Fourth Edition, superintended by Rev. ROBERT MAIN, M.A., F.R.S., &c. London: Murray. 1871.—We do not think that this admirable manual is anything like so well known as it deserves to be to army, navy, and colonial medical officers, and travellers generally. The first edition was published in 1849; and the fourth during the present year. The work was originally made up of contributions by the most eminent men of science in this country; and the necessary revisions and additions have been undertaken from time to time by others of equal authority in their respective spheres. We remember how useful a copy of the manual proved to ourselves during a voyage and residence abroad. The articles on Zoology, Botany, Geology, and Semeiology are full of information of the right kind; and

those on Meteorology, by Sir J. F. W. Herschel; Medical Statistics, by the late Dr. Bryson, revised by Dr. Aitken; and Ethnology, by the late Dr. Prichard, revised by Mr. E. B. Tylor,—are of special interest to medical men.

Granular Ophthalmia. By Assistant-Surgeon WELCH, F.R.C.S., 22nd Regiment.—A reprint from the Army Medical Reports upon a form of ophthalmia that is very prevalent in armies, although not by any means exclusively confined to soldiers, or even to human beings. It consists in an affection of the small follicular structures present in the tarsal conjunctiva, of the lower lid especially, manifested in its initial stage by the appearance of numerous small sago-grain or grey granulation bodies in that membrane. Military ophthalmia, as it has been somewhat incorrectly termed, has received a great deal of attention from Continental observers. Drs. Frank and Marston in this country, and still more recently Dr. Leith Adams and Mr. Welch, have all written papers on the subject at different times. We know of no better test of the hygienic condition of a body of men than the state of the palpebral conjunctiva. Overcrowding and defective ventilation, especially in hot climates, are very powerful agencies in the development of those little morbid structures which ultimately lead to chronic granular ophthalmia. The present, as well as a former paper by Mr. Welch on the same subject, are well worthy of attention.

Greenwich Hospital for a National Technical University. A letter to the Right Hon. W. E. Gladstone, M.P., from the Executive Committee of the Proposed National University for Technical and Industrial Training. London: Simpkin, Marshall, and Co. 1871.—This letter contains nothing that relates to matters medical, but we are glad to give to it a passing notice, because it indicates a worthy occupancy of the Royal Hospital at Greenwich. The book is worth reading because it shows concisely what a vast amount of money, originally intended for educational purposes, is, at the present time, lying fallow, or is grossly misappropriated. The contents may be easily conned over in less than a couple of hours, and the reader will discover that an enthusiastic advocate of technical education may occasionally exhibit, by the style and manner of his own composition, a want of the sort of information that he is desirous of imparting to others.

Value of Vaccination: being a Précis or Digest of Evidence taken viva voce (1871) *before a Committee of the House of Commons on the Vaccination Act* (1867). By T. BAKER, Esq., of the Inner Temple, Barrister-at-Law, &c. London: Shaw and Sons.—The author of this pamphlet is well known as a *précis* writer, and he deserves the hearty thanks of the profession and the public for the way in which he shortens their labours. The ponderous Blue-book, as he remarks, finds its way, as a rule, to the butter-shop—unpurchased, unopened, and unread. For sixpence anyone may put himself in possession of the facts and opinions elicited from the witnesses, stripped of all verbiage and circumlocution.

The Clinical Thermometer: its lessons and teachings tentatively expressed in numbers. By Z. E. MCELROY, M.D., Zanesville, O. New York: William Baldwin and Co.—We have read this little pamphlet—reprinted from the *Medical World* of October last—with considerable interest. It is well written, and deals with the subject from an original point of view.

Du Drainage—dans les Plaies par Armes de Guerre. Par le Docteur F. CHRISTOT, ex-Chirurgien en Chef de la 3e Ambulance Lyonnaise, &c. Paris: J. B. Baillière et Fils. London: Baillière, Tindal, and Cox. 1871.—This *brochure* gives good directions for using drainage tubes, and divides the cases in which this method of treatment may be adopted into wounds of soft parts and injuries in which bones or joints are involved. Numerous cases are given of both, but many of the latter died. The use of drainage tubes does not seem to be very suitable for gunshot fractures.

ALCOHOLIC BEVERAGES IN WORKHOUSES.

IT is quite necessary that the attention of Poor-law medical officers should be drawn to the increasing use of wine, beer, and spirits in workhouses, and to the remarkable difference of opinion which seems to prevail as to their necessity.

From a return published not long ago we find that the cost of alcoholic beverages in the workhouses of the metropolis was nearly £30,000 per annum, of which £20,167 was spent in beer, £3415 in wine, £3326 in brandy, and £3326 in gin. There were at the date of the report 21,000 adult inmates in these workhouses, so that the cost of alcoholic beverages amounted to no less than £1 8*s.* per head. A very brief examination will show the extraordinary differences which prevail. Thus, whilst the 825 inmates of the Whitechapel workhouse cost only £503, the 336 inmates of Paddington cost £678; and whilst the 968 inmates of Shoreditch cost only £738, the 768 in the City of London cost £1033. The Bethnal-green 1121 inmates cost £880, whilst the 518 in Camberwell cost £909. The medical officer in Bermondsey apparently orders neither brandy, gin, nor whisky, the bill for spirits being only £208, whilst the cost of brandy alone at Kennington was £338 9*s.* We have no wish to curb the discretionary power of medical officers, but it is most desirable that some better understanding should be come to on the subject. It might be as well to remember that the medical officers of many workhouses in Ireland do not recommend stimulants at all, and even in Edinburgh the annual consumption is not more than 5*d.* per head. In Glasgow milk is found to answer the purpose of a restorative better than alcoholic drinks, and the consumption of the latter has been reduced to 9*d.* per head per annum.

The West Derby guardians have recently drawn attention to the great anomalies which prevail, and the Liverpool papers remark with truth that the medical profession acts upon no fixed principle, some practitioners being in the habit of saturating their patients with intoxicants, and others giving none at all.

The mode of remunerating pauper helpers by means of extra beer is also open to very great objection. Week after week the workhouse medical officer is called upon to sign beer lists for washerwomen, scrubbers, cooks, and helpers. This is generally done at the dictation of the master, and certainly without any definite knowledge of what he is about. The whole system is a sort of education in beer-drinking, calculated to make the workhouse very attractive, for we do not believe that such luxuries are within the reach of the independent aged poor outside.

The Local Government Board might direct their attention to the evil with great advantage and satisfaction to the public, and the Poor-law Medical Officers' Association might render great service by bringing about a better understanding as to how far the use of alcoholic beverages is really necessary.

Foreign Gleanings.

SYPHILITIC AMBLYOPIA AND AMAUROSIS.

M. GALEZOWSKI has published in the *Arch. Gén. de Méd.* of Paris (first three months of 1871) an essay on this subject, the deductions of which are as follows:—1. Syphilitic retinitis and neuritis may exist without any alteration of the choroid, and are mostly constituted by an apoplectic retinitis with exudation. 2. Syphilitic retinitis presents no pathognomonic symptoms by which it may be distinguished from other kinds of retinitis. 3. But when retinitis or optic neuritis is accompanied by iritis or choroiditis, with

or without flakes in the vitreous, the affection is, without doubt, syphilitic. He has always found that no other affection, save glaucoma, can give rise simultaneously to apoplexy of the retina and to iritis or choroiditis. 4. The derangement of the chromatic faculty is ever present in these two forms of ocular alterations, and especially in optic neuritis. 5. These complaints are best treated by large doses of iodide of potassium and corrosive sublimate (one drachm and a half of iodide of potassium, and from three-quarters of a grain to one grain of the sublimate per diem). 6. Syphilitic choroiditis is the most frequent form of syphilitic amblyopia and amaurosis. The signs of this choroiditis are very characteristic, and, as it were, pathognomonic of syphilis. They are as follows:—*a*. Disturbance or loss of vision, occurring in fits often at long intervals; *b*, a cloud in the shape of a cobweb constantly floating before the eyes; *c*, very frequent photoptics; *d*, photophobia; *e*, hemeralopia at an advanced stage of the complaint; *f*, preservation for a long time of central vision, with diminution of peripheric field; *g*, cloudy papilla; *h*, pigmentary retinitis at a more advanced period of the complaint; *i*, atrophy of the central vessels of the papilla with preservation of the rosy tint depending on the trophic or cerebral vessels of the optic nerve. 7. Pigmentary retinitis occurs very often as a sequel to syphilitic choroiditis. 8. The syphilitic pigmentary stains occur along the vessels of the retina, but they form, besides, circular masses in the shape of herpes circinatus. 9. Pigmentary syphilitic retinitis, the result of contamination, differs from congenital pigmentary retinitis (especially that form hitherto attributed to the consanguinity of the parents) only by the circular form of the pigmentary stains. 10. Congenital pigmentary retinitis is a hereditary syphilitic affection. 11. The latter complaint should, at a tender age, be treated by mercury or iodine. After a certain age the progress of the complaint cannot be stopped; it goes on increasing, and is followed at a more or less advanced period by loss of vision. 12. Children born of syphilitic parents should, at birth, be examined with the ophthalmoscope. If retinitis be found, the means just mentioned should be used.

CHYLOUS URINE.

The *Scalpel* publishes a case of this kind in a lady born in Brazils. She left her country at forty-four years of age, and travelled over the greater part of Europe. About six years ago, whilst at Florence, she noticed that her urine was lactescent. As she was getting weak, she went to the hills of Piedmont, where the urine became normal, after having been white for eight months. In Paris and London (in which latter capital she was seen by a well-known surgeon) the abnormal urine reappeared at intervals. On the fourth attack, in the space of fifteen months, she was seen by Niemeyer and Eggel. By analysis they found two kinds of albumen in the urine, and these physicians expressed the opinion that the fatty matter was not derived from the tissues of the body, but from a faulty digestion. This affection, so common in the tropics, is caused by weak assimilation, which itself is the consequence of the high temperature. The atrophy of the renal capillaries often coincides with the chylous dyscrasia, the latter being sometimes the consequence of the former. This lesion of the kidneys facilitates the transudation of albumen and fat of the blood into the urine. Chyluria and hæmaturia are two symptoms of the same complaint, which is well marked in infancy, diminishes in the adult, and disappears spontaneously in old age.—*Osservatore Gaz. delle Cliniche.*

ARTIFICIAL SULPHUREOUS WATERS.

M. Thommeret-Gélis states, in *L'Union Méd.*, Nov. 28th, 1871, that Béchamp has shown that sulphuret of sodium or calcium does not exist undecomposed in natural sulphureous waters, but that the aqueous fluid alters these compounds simply by its mass. By appropriate tests the state of combination of the sulphuretted hydrogen can be made out. Starting from these data M. Gélis, proposes for the artificial manufacture of sulphur waters, the sulphuret of sodium saturated with sulphuretted hydrogen. This salt does not irritate the tissues, is colourless, and crystallises in long deliquescent prisms, which contain 6 equivalents of water, NaS, HS, 6 (HO). With it may be prepared granules, syrups, and baths. Each granule may be taken as a pill, or when dissolved in a tumbler of water makes a glass of sulphur water. A bath prepared with this salt does not irritate the skin.

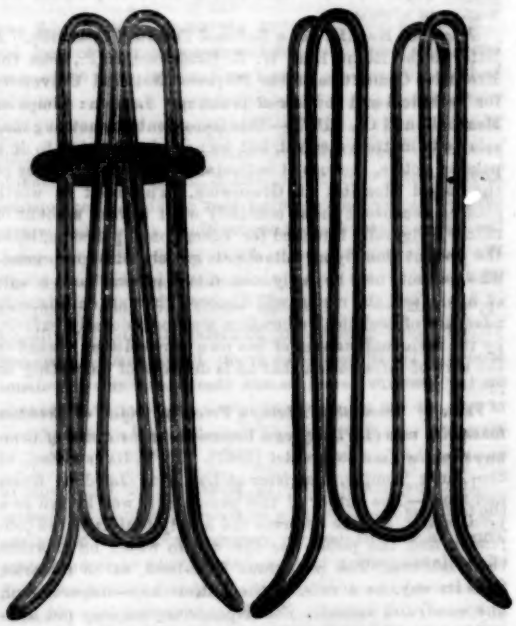
THE BLUE STAINS OF TYPHOID FEVER.

It is well known that Trousseau, Griesinger, Grisolle, and Monneret considered the appearance of these stains in fever as a favourable sign. M. Guilhem, however, publishes in the *Gaz. Méd. Chir. de Toulouse*, July, 1871, a case in which these stains were observed, and which ended fatally. It would be useful to collect cases of typhoid fever where the stains were noticed, to determine their real value in prognosis.

New Inventions.

BLACKBEE'S RESILIENT SKELETON SPECULUM.

THE engravings here shown present the open and closed views of an entirely new form of speculum, of a most simple and novel construction, and which may be said to possess great advantages without mechanical complexity. Its chief features are as follows:—1. From its blades—outline or skeleton shape—being composed of hard German silver wire strongly plated with pure silver, it offers the most extensive view possible of the entire circumference of the vagina and cervix uteri, permitting



the easy application of necessary remedies to their whole surfaces. 2. Its resiliency is a great feature in its favour, rendering it easy of introduction and safe in withdrawal, readily adapted, self-adjusting and self-retentive, thus allowing the free use of both hands of the operator. 3. Being free at both extremities, this speculum, by slight manipulation, may be contracted or expanded to suit special cases and requirements. 4. As to durability (having no screws or levers), it may be deemed practically indestructible, as nothing but absolute violence could possibly injure it. 5. It is extremely light for a metal instrument, and the cheapest speculum yet offered to the medical profession. The ring, useful at first, may, after a little acquaintance, be entirely dispensed with.

This speculum may be obtained of Messrs. Maw, Son, and Thompson, Aldersgate-street.

THE LANCET.

LONDON: SATURDAY, DECEMBER 9, 1871.

THE deep interest manifested in the illness of H.R.H. the Prince of WALES and the lamentable death of the Earl of CHESTERFIELD invest the etiology of typhoid fever with an overwhelming importance. It would be a death-blow to all sanitary improvement and a slur upon sanitary science if it could be supposed for an instant that a disease which affects so many thousands of the poor of this country could arise in the case of Royalty from causes different from those by which it is certainly propagated, if not originally produced, amongst the humbler ranks. It is a question of national importance; and we are gratified to know that an official investigation will be made by competent persons as soon as the state of His Royal Highness will permit.

Meantime we have taken advantage of the candid and honourable offer of Lord LONDESBOROUGH to inspect his Lodge at Scarborough; and we take the very first opportunity of saying that there does not rest even a suspicion of blame upon the noble lord. He appears to have taken every precaution suggested by his sanitary advisers to secure his Royal guests from harm; and it is surely a pardonable offence to every English mind that he should have opened the doors of his hospitality to their very fullest width. We have thought it desirable to inquire into the general health of Scarborough—a full report of which will appear next week. The case would have been incomplete without some reference to Sandringham and the villages around. The illness of the groom BLEGG casts a suspicion on the sanitary arrangements there; and the prevalence of typhoid and scarlet fevers in the village of West Newton makes it necessary to pause before casting imputations on any other place.

It is necessary to be in possession of the whole of the facts before attempting to arrive at a final conclusion. Those facts will not be completely known before the official investigation has been made; and any conclusions now arrived at will of course be liable to revision should any new facts transpire. Perhaps THE LANCET Commissioners should be considered in the light of pioneers to point out the direction in which the cause of his Royal Highness's fever may most probably be found.

The conclusion to which our investigations tend is, that His Royal Highness and the Earl of CHESTERFIELD were infected at Londesborough Lodge, and the groom at Sandringham. The water from Sandringham Hall, also, is polluted; but further investigation is required to determine the extent of its influence.

WE recently called attention to the want of some fixed standard of merit at the Fellowship examinations of the College of Surgeons, and correspondents both in our last and present issue have followed up the subject. It is to be remembered that the object of the Fellowship, as stated in the College Charter of 1843, is "more effectually to promote and encourage the study and practice of the art and science of surgery." It is obvious that, if this is to be done, there must be a higher standard maintained for the Fellowship than for the Membership, and we are glad to learn from "Number Four" that this is really achieved as regards surgery and pathology. We must, however, notice that our correspondent happened to be allotted to Mr. SAVORY, who is both able and willing to make the Fellowship the test it ought to be of a surgeon's knowledge; but had his lines "fallen in pleasant places"—i. e., with examiners well advanced in years—"Number Four" would probably have been successful, though we feel sure, from the tone of his letter, he would have regretted the circumstance.

But if a high standard is maintained, the successful candidates may not unreasonably complain when they find similar honours (or at least so similar that nobody knows the difference) conferred on their middle-aged neighbours, who choose to pay the same fee, but pass no examination whatever. The Charter of 1852 states that it is "*expedient* that the right of admission to the Fellowship of the College be extended"; and the expediency will be very apparent when we say that, of 1336 Fellows on the list, 711 have been so elected on a payment of ten guineas each, making, if we allow for deaths which have occurred during twenty years, close upon ten thousand pounds added to the College funds. The number of Fellows by examination is, we may say in passing, now 433, and the survivors of the original honorary Fellows (who paid no fees) 192. It is true that the supply of ten-pounders has much fallen off during the last year or two, and it is time the Council considered the expediency of ceasing to elect any more, except under very peculiar circumstances.

The case is somewhat different as regards the power of the Council to elect annually to the Fellowship two Members of twenty years' standing who are not eligible as being Members prior to the Charter of 1843. There are a few exceptional instances of gentlemen holding high positions in the provinces and in India or the colonies who, having been prevented by circumstances from taking the Fellowship by examination early in life, are now in a position which forbids their submitting themselves to any examinational test. No one could complain of two such men being elected Fellows annually; and, as the right of such election has never yet been exercised, it may be well to point out that by the College bye-laws (see xxii., 78) the proposition for the admission of a Member of twenty years' standing must be made at the quarterly meeting of the Council in January, and that the recommendation must be signed by six members of Council personally acquainted with the candidate. The election, however, does not take place till the quarterly meeting in April.

To return to the Fellowship by examination. Whilst desiring that a high standard should be maintained, we deprecate the institution of an examination for *practitioners* which none but *students* could pass. For this reason, if the objectionable practice of allowing third-year's men to pass the primary examination is to be continued, there ought in fairness to be two papers set: the one embracing com-

parative anatomy and modern physiology in all its details; the other requiring a good and even minute knowledge of human anatomy and physiology, but no more. Regarding as we do the clinical test as the most important part of a practitioner's examination, we call attention to our correspondent's complaint (which is only one of many we have received) of the way in which this is conducted. We are not speaking of individual examiners, but of the difficulty which must always beset an effort to make a diagnosis and sketch out treatment in a hurry and amid the interruptions of a *vivâ voce* examination. It would be an infinitely fairer test of skill and knowledge were certain hospital cases chosen, and the candidate required to sit down and give *in writing* such a history of these cases, with diagnosis and suggested treatment, as his skill would enable him to produce in a reasonable time. The examiners might then cross-examine him upon his own statement, and thus the present hurried system, by which an examiner takes the recorded diagnosis and tries by main force to make the candidate *nolens volens* come to the same conclusion, would be avoided. To ask a surgeon who is habitually in charge of hospital wards trifling questions about simple matters, is almost an insult; but no one could object to sit down and investigate and report upon a case, however simple or however abstruse.

WE are about to call attention to a gap in medical literature, the filling of which would, we conceive, add lustre even to the most useful and honourable professional career. After this preface, at a time when every practitioner who hopes to become a rising man among his brethren is fain to seek publication as an early step upon the ladder that leads to fame or fortune; when the industry that has achieved distinction in the schools must needs give its first proofs in the sterner school of life by the compilation of some bulky manual or ponderous *vade mecum*, containing within its pages the condensed labours of many men in many generations, so far as they have had reference to some great division of the healing art—or, more adventurous still, by the composition of a monograph, rich in the latest extravagances of Paris or Vienna, upon the causes and cure of some special ailment; and when medical publishers are beset by youthful clients eager to know for what book there is an opening, and on what subject they may most profitably write,—it is but humane to announce, without delay, that the want we contemplate cannot be supplied by any efforts of which "young physic" is ordinarily capable. Large experience, keen and habitual observation, reflection matured by exercise and ripened by time, with such literary skill as that to which we are indebted for "Horæ Subsecivæ" or "Psychological Inquiries,"—all these would find their appropriate task in the production of an exhaustive treatise upon *Patients*.

The revolution recently effected in medical education furnishes one great reason why we think such a treatise imperatively called for. In times that have passed away, under the system of apprenticeship, there was this sole and dearly bought advantage, that medical pupils in general practice could not fail to acquire (in a manner often empirical and fragmentary, but still useful and practical) a considerable amount of knowledge of the manners and customs of the various classes of infirm and sick humanity with which physicians and surgeons have to deal.

For the future, however, with all the special part of medical education conducted at hospitals, young practitioners will be confronted with a race of beings to whom they will be absolute strangers. The inmates of a hospital, daily visited by a crowd, and liable to be percussed in public, are separated by a yawning gulf from the hoped-for patients of a private practitioner.

Under the old system the apprentice learned how to manage the work of his calling: how to talk to the sick; how to talk of them to their friends; how to answer or parry the cross-examination of malignant old women, bent upon discovering what the doctor "really" thinks about the case; what things, in short, to do and to avoid, over and above any consideration of purely therapeutic measures. Promoted to a hospital, he found himself invested with new privileges of examination and inquiry; but he was tolerably well secured, by former precept and example, against any endeavour to extend these freedoms to patients visited at their homes.

The ordinary methods of hospital investigation do not, we think, form the best foundation for the habits of the family practitioner. The number of patients, and the necessity for economising time, tend to throw all questions into hard and concise formulæ; while the subordinate position of the sick, and the office of the doctor as the chief almoner of the institution, invest him with an additional and extra-professional authority which nearly always makes itself felt in words. From a body of hospital-bred doctors we should fear a relapse into Abernethyism.

It is difficult for persons in health to conceive the degree in which slight ailments will concentrate the attention of patients upon themselves, to the exclusion of topics about which they are interested when in health. The practitioner who decides upon the treatment of a trifling illness after two or three questions, and then devotes ten minutes to what he fancies pleasant gossip about the news of the day, often produces an extraordinary amount of irritation and annoyance. "Plague take the man!" we once heard a testy old lady say of her doctor. "He never felt my pulse, and he didn't look at my tongue; and he talked to me about MACAULAY'S History of England."

It has been said by some that the future members of our craft will find it necessary to study sick human nature in the capacity of assistants. Sick human nature, as a rule, abhors assistants, and turns its crustiest aspect towards them. "Do you think"—roared an enraged farmer to the parson of his parish, whose intended holiday was to include the happiest day of said farmer's life—"Do you think as I'm agoing to be married by your journeyman?" In like fashion the vulgar invalid, in whatever rank, altogether repudiates the notion of being cured by that unhappy individual who, in many districts of England, is invariably called the doctor's "man." For the distaste there is this basis of reason, that the invalid has full liberty to choose his own doctor, and can oscillate between

Mr. Worse and Mr. Better at any rate of vibration that is consonant with his private feelings. Over their respective assistants he has no control, and, when visited by them, is liable to be irritated by decision when he seeks complaisance, or to be rendered sceptical by complaisance when decision would at once subdue him. For pupils there was usually more tenderness, and the sick were often rather gratified than otherwise that their cases should be selected as affording valuable instruction.

Foremost among patients come the poor. Upon them the young physician learns to apply the knowledge of the schools, and the young surgeon flesches his maiden scalpel. Upon them, also, it is often possible to gain tact and skill in the art of personal management. It may be stated as a truth that medical experience has no value until it has been accompanied by responsibility; and that the errors of other men, however clearly they may be displayed by their results, serve few purposes of warning or of instruction. Everyone must make his own blunders, and, if he be wise, will learn from them. The common sense of the profession has found this out; and young practitioners compete eagerly for the privilege of an authorised and usually unremunerative attendance upon the poor. Gratuitous medical service to hospitals and dispensaries, services almost gratuitous to Poor-law unions, are gladly rendered, and the opportunities of rendering them are valued as affording experience with responsibility on the one hand, and opportunities for the display of skill on the other. Everybody, the young doctor fancies, will hear of his marvellous cure of Goody Grumble's rheumatism, or of his successful operation upon the case hitherto deemed incurable. But such use of the poor requires tact and circumspection; for they, thus fought for by the doctors, become, like SCOTT's typical female,

"Uncertain, coy, and hard to please,"

with a decided predilection for being cured in their own way. They besiege hospitals and dispensaries with the manner of supporters of those institutions, and transfer their patronage upon the most trifling grounds. We once saw an old woman, to whom the necessity for the enucleation of one of her eyeballs had been carefully explained, flounce out of the institution in no small state of indignation. "Call yourselves doctors indeed, and can't cure a bad eye without taking of it out. I'll go somewheres where they can." In the sick poor, indeed, as in most other members of the human family, there are many peculiarities which sickness brings into relief. There are some of these peculiarities which meet us at every turn of our lives, and which daily experience teaches us that the rising generation are not sufficiently trained to consider. The learned leisure of some retired physician could be no better employed than in a book about patients.

WE have on several occasions dwelt upon the importance of the physical education of children—a subject which does not obtain anything like the attention that it deserves. Girls, especially, are often subjected to long and monotonous mental exercises in school-rooms that are badly warmed in winter, and stuffy and ill-ventilated in summer, to be relieved only by equally monotonous walks or an occasional game at croquet. Time as well as taste are often sacrificed for accomplishments which fail to afford any real delight when acquired; and it sometimes happens that the largest portion of the physical exercise that a girl undergoes is of a digital or manual character, in playing "scales" at the pianoforte, or endeavouring to execute a difficult classical composition, the beauties of which could only be appreciated by a highly-educated taste. We are glad to say that many of the barriers which, owing to the prudery or prejudice of our maternal ancestors, have so long separated the education of the sexes, are being broken down, and that it is now considered fashionable for a girl to ride, skate, and walk like her brothers. We are very far from believing that it can either be necessary or decorous for women to perform the kind and amount of exercise required of men; their duties in life, as well as their physical and mental organisation, are different. But the happiness, good temper, and usefulness of a woman depend, in a vast degree, upon the amount of health that she enjoys; and this, to say nothing of her grace and comeliness, may be greatly increased by properly regulated exercises. The so-called calisthenics of many girls' boarding-schools are often badly adapted to develop that suppleness of figure and easy bearing which ought to characterise the youth of both sexes.

Some time since, an excellent work on Physical Education was published by Mr. MACLAREN. We called attention to it at the time as well worthy of study by those engaged in the training of girls and boys. Still more recently, we have perused with much pleasure the second edition of a little manual on School Drill, designed for the use of teachers, and compiled for the Committee of the Home and Colonial School Society by the Rev. WILLIAM FLEMING, an ex-adjutant of infantry. The various exercises and drills are lucidly described and illustrated by diagrams and figures, so as to be capable of being readily understood and easily carried out in practice. The great advantage of a systematic and progressive training consists in this—that it brings into exercise various muscles and groups of muscles which get very little, if at all, exercised in our ordinary daily occupations. It is open to anyone to observe the marvellous transformation that a course of drill and military gymnastics will make in the raw ungainly recruit in the course of a few months; and only those acquainted with the facts can be aware of the improved physical development, increased muscular energy, and resistance to fatigue that a properly regulated course of gymnastics will produce. To those who have to live by manual labour, physical education, moreover, becomes a matter of necessity, their manner of life and daily occupations requiring a robust frame and an unvarying state of health. Hence, in any national scheme of education, we concur with Mr. FLEMING in thinking that exercises of the body should be intermingled with those of the mind, in order to train the future man for his duties in life. Exercises at military drill have also an excellent moral and disciplinary effect in training boys to habits of obedience. If we could have our way, we should insist, on sanitary grounds, on all schoolboys being drilled—from the boy at a public school like Eton, to the boy at a village national school. Parents and

others having the care of youth would increase their butchers' and diminish their doctors' bills if they would give more heed to the lessons inculcated in books like that by Mr. MACLAREN and the useful little manual on School Drill published by the Home and Colonial School Society.

Medical Annotations.

"Ne quid nimis."

THE PRINCE OF WALES.

WE fully participate in the national sense of gladness at the satisfactory reports that have appeared of the progress of H.R.H. the Prince of Wales. At the moment of going to press we have received intelligence, upon which the public may confidently rely, that His Royal Highness is making steady progress towards recovery. All acquainted with the nature of typhoid fever are aware that the course of that disease is necessarily slow; but the favourable reports that continue to be issued at this stage may be regarded as eminently satisfactory. The medical attendants on the Prince have evidently been very careful in drawing up the bulletins that have been issued. Without entering into unnecessary details, or endeavouring to veil the facts by the use of technicalities, the bulletins have afforded exact information, of such a nature that the profession might easily compute the progress of the royal patient by bearing in remembrance the time at which the fever began. There are still slight nightly exacerbations of the fever. There has been also some chest complication, which, however, is subsiding.

Some degree of interest has been attached to the fact that one of the grooms at Sandringham had been attacked with typhoid fever, in consequence of the occurrence being supposed to throw some light on the origin of the illness of the Prince. We learn that His Royal Highness's groom came direct from Scotland to Sandringham, not staying anywhere *en route*, and that he arrived at the latter place on the 20th October. On the 24th November Dr. Lowe, on being called to him, discovered that he was suffering from typhoid fever. He had been feeling unwell for a few days previously with the initial symptoms of the disease, although he continued at his duty. The subsequent progress of the case left no doubt as to its nature. The attack in the groom, as in the case of his Royal master, has been a severe one, but he has gradually improved, and is still going on very well.

TENT HOSPITALS IN WINTER.

IT is less a matter of surprise that a tent hospital, recently erected at Wakefield, should have been destroyed by fire, and two patients and a nurse burnt to death in the conflagration, than that such a hospital should have been constructed at all at the commencement of winter, in this climate. It is difficult to conceive an exigency which would justify the erection of tents for hospital purposes at a season of the year when, in order to save the patients from perishing by cold, it would be necessary to adopt means of warming which would expose them to a terrible risk of destruction by fire. This risk in the present deplorable instance would be heightened by the fact that the tents were lighted by gas—an entire novelty in our experience, and, having regard to the effect which gas-jets placed several feet above the ground must have had in drying the canvas and increasing its at all times too great inflammability, a most dangerous novelty.

That the local authorities had acted to the best of their judgment, but in unfortunate ignorance of the risks attaching to artificially warmed and lighted tent-hospitals, we freely admit; and we regret that a praiseworthy effort on their part to limit the spread of an epidemic should have been so unhappily frustrated by its ill-advised conception. We earnestly protest, however, against the use of tents for hospital purposes in this country, except during the warmest periods of the year, during the summer and early autumn, when no artificial warmth is necessary to make them habitable, and when there is the least need of artificial lighting. It has never been contemplated that tents should be used for the sick in this climate at periods of the year when even our robust soldiers are not allowed to remain under canvas. In the summer, tents are invaluable for the isolation of cases of infectious diseases, with a view of preventing the extension of such diseases among communities; but an exigency can scarcely arise in this country which will justify their use for this purpose in the colder seasons of the year. Here, huts for the treatment of the sick can be erected with almost as much facility as tents, and the former can be warmed and lighted with nearly as little risk of ignition as an ordinary house. We can scarcely conceive that, after the disaster of Wakefield, any local authority will have the boldness to urge the less expense of a tent-hospital as compared with huts as a reason for adopting the former kind of hospital in winter. The question, often raised, but as yet never solved, of the practicability of rendering the canvas of tents less inflammable, will, it is to be hoped, receive renewed attention on account of the deplorable accident at Wakefield.

THE LATE EARL OF CHESTERFIELD'S ILLNESS.

WE understand that the late Lord Chesterfield left Bretby in his usual health for Londesborough Lodge, Scarborough, on the 31st of October. He returned to Scarborough on Monday, Nov. 6th, and stayed at Londesborough Lodge till the 11th, when he went to Sir Edward Kerrison's, Oakley-park, and was there till Friday, the 17th. On that evening he was in town, and was again at Bretby on Saturday, the 18th. On the afternoon of that day he alluded to a boil which inconvenienced him, and complained of having taken cold, and that his appetite had failed the day before (Friday). For the next few days feverish symptoms, very mild in character, were present. Perhaps the most marked symptoms were the sleeplessness at night and the nervous apprehension about himself. Very early in the complaint he had a conviction that he would not recover. On the 24th there was some delirium, and for the first time a few spots were visible on the abdomen, and about three on the back. On Saturday, Sunday, and Monday the delirium was very high. It moderated on Tuesday and Wednesday, and indeed all the symptoms were ameliorated, and it was believed that the fever was pursuing its course in a less severe form. A diarrhœa, which set in with violence on Saturday, was stayed, and there was no return of it. During Wednesday night food was taken in sufficient quantity, but there was little or no sleep. On the 30th the symptoms were equally favourable. In the morning nourishment was repeatedly taken, several hours' sleep was obtained, and all was believed to be going on well. Late in the afternoon his Lordship awoke out of a sleep, and complained of being cold. His hands and feet became cold, and he rapidly fell into a state of collapse, which defied all the energetic means employed to restore him. He died between 2 and 3 o'clock on the following Friday morning.

The collapse was too sudden and too rapid to arise from simple asthenia. More probably, as Dr. Murchison sug-

gests, it arose from a peritonitis, a perforation of the intestine, or hæmorrhage into the bowel.

No other case of typhoid fever has occurred at Bretby, and during thirty years no one, we believe, has been ill of the disease.

ST. ANDREWS AND MEDICAL DEGREES.

THE energy of the University of St. Andrews is very imperfectly relieved by making ten graduates a year. This was the number of degrees which the Scottish University Commissioners of 1858 thought might without abuse be given by the University to men in practice, and without any conditions as to keeping terms at a university, or a prescribed curriculum. The only conditions are that the candidate must be forty years of age, and that not more than ten degrees be granted in a year. The University has recently attempted to get the consent of the Queen in Council to a new regulation permitting the conferring of the degrees on any number of legally qualified medical practitioners of acknowledged respectability and position that can pass an extended and searching examination. The consent of her Majesty has been refused, and we think rightly. We have too lately expressed our views on the desirableness of increased facilities for practitioners acquiring a good doctorate in medicine to be misunderstood when we express approval of this refusal. It is not desirable that the University of St. Andrews should acquire any monopoly of the power to confer degrees on practitioners. If this power is to be granted, as we think it ought to be, it should be to all the universities of the kingdom, but on very strict and well defined conditions. It is not desirable that the degree should be procurable excepting by members of the profession of a certain grade of merit and culture. It will be a bad day for the profession when the highest title is dissociated from high claims. The University of St. Andrews apparently thinks it enough to ascertain the number of practitioners who desire to obtain the degree of Doctor. This is an inquiry of no value. The wish to possess a degree is universal. The question is as to the extent of the possession of the qualities which justify its being conferred. We cannot doubt that this view of the case will commend itself on reflection to many of the graduates of the University of St. Andrews, whose names would be an honour to any university of the kingdom.

LIABILITY OF MEDICAL MEN IN RELATION TO SMALL-POX.

A YOUNG LADY affected with small-pox was removed in October from a boarding-school in Durham to a private lodging. She was removed in a cab, which did not come nearer to the school than seventy yards. The patient was led to this distance along a street by the servant of the Misses Mather, the conductors of the school, under the direction of Mr. Whitelaw, the assistant of Mr. Stoker, surgeon. The Misses Mather and Mr. Whitelaw were charged, at the instance of Mr. Edward Peele, vice-chairman of the board of guardians, with exposing the young lady suffering from small-pox, and so violating the 38th section of the Sanitary Act, which reads as follows:—

"Any person suffering from any dangerous infectious disorder, who wilfully exposes himself without taking proper precaution against spreading the said disorder in any street, public place, or public conveyance, and any person in charge of one so suffering who exposes the sufferer.....shall, on conviction of such offence before any justice, be liable to a penalty not exceeding £5."

The magistrates could not agree as to whether proper precautions were taken, and the case was dismissed. But edical men should learn this from the case, that they may be regarded as "persons in charge of a case of infectious disorder," and therefore liable under this section.

The statement at the board of guardians by the vice-chairman of his action in this case led to a discussion, which showed the lamentable want of provision for small-pox patients in Durham. There is no small-pox hospital in the city. The guardians are afraid to provide one, lest they have to pay for it out of their own pockets, averring that this is the duty of the ratepayers assembled in local vestries. Meantime the disease spreads in all directions; and while the Board of Health and the guardians are debating whose duty it is to provide a hospital, patients are dying, and neighbouring villages are being infected. There is a worse feature still in these discussions: the absence of any allusion to revaccination. While boards of guardians and boards of health are discussing the question of the provision of a hospital, all sane people will get revaccinated.

THE SANITARY VICTORY AT CALCUTTA.

THE realisation of the new drainage scheme at Calcutta, in the face of the difficulties and criticisms that it encountered, was not inappropriately termed the "Plassy of Sanitary Reform in India." The works for the ample supply of water to the inhabitants stands forth as the greatest among the many works carried out by the municipal corporation for the improvement of Calcutta. They were completed and handed over to the municipality during the early part of 1870, and have since been working with such thorough efficiency that there has been no interruption to the regular daily supply of water throughout the whole town of Calcutta. We learn some very interesting facts regarding the practical fruits of this working from the report of Dr. Cunningham, the Sanitary Commissioner. It was often urged against the water-supply scheme that orthodox Hindoos would not make use of water delivered through iron pipes. However, their anticipations have not been realised; caste prejudices, if they ever existed, have altogether disappeared, and now all classes make use of the water, frankly admitting the boon that has been conferred upon them. The analyses of the drinking water by Dr. Palmer prove that it is superior in quality to that supplied by some of the London companies. The statistics, moreover, furnished to the War Office Sanitary Commission from Dr. Cunningham on behalf of the Government of India afford very striking evidence of the decrease in cholera since the introduction of the new system. Of course it would be premature to consider this decrease attributable to the improved water-supply until more ample data and a more extended experience have been obtained. But the facts are, nevertheless, very striking. The deaths from cholera in 1870 numbered 1563, or about one-half of what occurred in the most favourable of the twenty-five years with which comparison can be made. The Sanitary Commission declares that there are few cities which can show so much good work done in so short a time and with such promising results for the future.

THE LAW OF OBSTETRIC ENGAGEMENTS.

A VERY remarkable judgment has been given by the judge of the County Court of Maidstone, in regard to the liability of a man for the payment of a midwifery fee in virtue of his wife having engaged a medical practitioner to attend her and finally sending for another medical man. The following account of the case is taken from a local paper:—

"Dr. Fitzpatrick (Lenham) *v.* Charles Hadler was heard at the last sitting of the court, and upon it his Honour reserved judgment. It was a claim for fifteen shillings,

for services which the plaintiff alleged he had been engaged to perform—viz., to attend defendant's wife during her confinement, but which he had been prevented from carrying out, owing to the defendant engaging another medical gentleman, to whom he was man-servant. His Honour now gave a verdict for the defendant, on the ground that the agreement was only a provisional one, and that if Dr. Fitzpatrick had been more profitably engaged at the time and had been sent for, he would not have been liable for breach of agreement."

Dr. Fitzpatrick is entitled to the thanks of the profession for keeping the legal point alive. He would be still more so if he would carry the question to a higher court. The decision of the judge is most remarkable. It is contrary to former judgments, for there have been two or three decisions at least in the county courts affirming that an engagement to attend a labour is a legal contract, and giving the fee agreed upon, although another practitioner was eventually called in. The decision is not only contrary to precedent, but, if unreversed, will be highly prejudicial to the public interest. According to this judgment a medical man may disregard an obstetric engagement if "more profitably" employed. It is to be hoped that medical men will think twice before they act upon this monstrous doctrine. They are in the habit of regarding an obstetric engagement as very sacred, and, if they are professionally preoccupied, of still considering themselves responsible for a locum tenens. This is sound doctrine, and is not to be set aside by a decision so peculiar and so pecunious as that of the judge at Maidstone.

THE GOODSIR MEMORIAL.

IT is depressing to find that the promoters of the scheme for worthily commemorating the life and labours of John Goodsir, the late gifted Professor of Anatomy in the University of Edinburgh, have got only £700 instead of £2000, and have had to relinquish the idea of a fellowship and adopt that of a triennial prize, to be open to all graduates of the University of not more than three years' standing—a restriction we do not see the justice of,—and to be given for an essay or treatise containing the results of original investigations in anatomy, human and comparative, either normal or pathological, or in experimental physiology.

Goodsir's professorship extended over twenty years, and therefore was all too short; but for the elements that make the merit of a man, or the reputation of a school, it has had few equals even in Edinburgh. Is it too late for the Edinburgh school to do justice to itself in this matter? Goodsir's memorial is not wanted, for it remains, and will remain, in the history of biological science. But Edinburgh could not do herself more real honour, or science a more essential service, than by trebling the sum with which she proposes to associate the name of perhaps her greatest teacher in the medical faculty. Let all Edinburgh graduates who have not already done so forward a contribution to Dr. R. C. Maclagan or Dr. Joseph Bell, the treasurers.

HOSPITALITY AT ST. THOMAS'S.

WE are glad to hear that, although some of the St. Thomas's students affirm that they receive treatment at the hands of the hospital authorities which is not always what it should be, the usages of hospitality are by no means neglected with regard to the students of other hospitals who may have the good fortune to be sent to Stangate for their practical examinations. At the late University examinations which were held in the wards of St. Thomas's, the various gentlemen who were undergoing the ordeal of examination were refreshed in a most sumptuous manner. An excellent cold collation with a variety of beverages, alcoholic and otherwise, was provided by the Treasurer, and the anxious student while writing his paper was not only regaled at the time with a stimulating cup of tea or coffee, but was also invited, when his task was done, to make up the waste of tissue entailed by four hours' close examination by partaking of the more substantial fare which had been so liberally and thoughtfully provided.

QUARANTINE IN THE EAST OF EUROPE.

WE lately recorded a report to the effect that all persons arriving at Smyrna from ports said to be "suspected" of cholera will be compelled to perform a ten days' quarantine on a barren island about twenty miles from that port. Complaints are continually appearing in commercial journals as to the vexatious restrictions adopted in Turkish ports, and notably those on the Black Sea, presumably to prevent the importation of cholera into the country, but actually to enable certain officials to extort money without let or hindrance from owners and masters of ships. We may take the above as a text in order to assert the utter uselessness of quarantine as practised in the ports of the Ottoman Empire. At Kustendjie, for example, a lazarette is constructed about fifty yards from a large railway workshop, and the men employed in the latter commonly smoke their pipes over the rail (breast high only) of the lazarette with those performing quarantine. But, on the other hand, a most notable example of the beneficial effects of rigid quarantine was afforded in the kingdom of Greece and the islands of that archipelago during the last epidemic of cholera. Each island had its own jurisdiction in these matters. Travellers arriving at any of them were not allowed to land at all, but were carried off immediately by quarantine officers to another small island some eight or ten miles away. Three weeks formed the average duration of the quarantine, and it was said that the quarters were by no means comfortable. But Greece has been free from cholera during the last three epidemics, though the disease existed in all countries by which she was surrounded. In 1865 the lazarette at Trieste was situated in close proximity to the steamboat pier, in the very centre of the port. We consider it proper to mention these facts because, as it is probable that cholera will find its way to us next year, it is right to remind our readers that quarantine, as practised in nearly all countries in Europe, is utterly a mockery and a delusion, and that in consequence most of the theories as to its inefficiency are based upon very untrustworthy data.

MR. PARTRIDGE ON VACCINATION.

IT is sometimes our painful duty to comment unfavourably upon the acts of the magistracy; and hence we are always glad of an occasion to speak of them in terms of praise. We read that one Fawcett, a leatherdresser of Bermondsey, was summoned to the Southwark Police Court for refusing to comply with the Vaccination Act; and that the sitting magistrate, Mr. Partridge, very clearly explained to him the benefits resulting from vaccination, and the groundless nature of the prejudices against it, and quoted to him the opinions of Sir William Jenner, Dr. Gull, and other eminent authorities. The defendant had had his child vaccinated between the issue of the summons and his appearance, and so was only condemned to pay the costs, Mr. Partridge expressing a hope that what he had said might cause other persons who objected to vaccination to comply with one of the most beneficent Acts of Parliament ever passed. We heartily congratulate the district in which Mr. Partridge administers the law. That commodity, *per se*, we may probably obtain from every magis-

trate on the Bench; but common sense, and a knowledge of matters extra legal, are not to be obtained by asking for, and deserve thankful recognition when they are displayed.

DENTISTRY AND ITS DIFFICULTIES.

THE difficulties and accidents of dental surgery are very ably and candidly discussed in a paper by Mr. W. A. N. Cattlin, F.R.C.S., reprinted from the "Transactions of the Odontological Society of Great Britain." Mr. Cattlin speaks from a very large experience. He has published with his paper five sheets of illustrations of specimens of diseased teeth, from the collections of Mr. Cartwright and Mr. Tomes, and from his own. The way in which they have been photographed in the first instance and again taken from the photographs is very effective. They supply quite a large and beautiful illustration of the diseases of teeth and the difficulties of the dentist. Mr. Cattlin's remarks on peculiar positions of the wisdom teeth, on difficulties caused by union and deformity of the teeth, on the danger of producing fracture of the tuberosity of the superior maxilla in extracting the third upper molars, and on the steps to be taken to avoid fracturing the floor of the antrum in drawing teeth in this neighbourhood which offer any peculiar resistance, are worthy of attention, as also are his criticisms of various recent instruments and operative procedures. A peculiar case is related of a diseased soft state of the alveolar process in which canaliculi were absent. Mr. Cattlin, while a thorough specialist, brings to the elucidation of his subject light from all quarters, and speaks at once like a physician and physiologist in treating of dental hæmorrhage, of the various reflex effects of bad teeth, sometimes much overlooked, and of the subject of anæsthesia, in which dentists have an unusual experience. Mr. Cattlin has studied the relation of asphyxia to anæsthesia. In his former experiments he failed to produce anæsthesia by simple suffocation brought about by the reinspiration of the same air. But, making a similar experiment lately, and carrying the asphyxia a step further, he has succeeded in producing perfect anæsthesia, under which the animal was operated on, and from which it perfectly recovered.

CEYLON.

WE have received from M. Le Roy de Méricourt, of Paris, who is editor of the *Archives de Médecine Navale*, a request for information respecting the medical geography of the island of Ceylon, with a view to assisting him in preparing an article on that island for the "Grand Dictionnaire Encyclopédique des Sciences Médicales." Should any reader of THE LANCET be acquainted with any work on the subject he will confer a favour on our correspondent by communicating with him at the Ministère de la Marine et des Colonies, Paris; and we are authorised to say that any contribution upon the subject from a naval or military medical officer who may have visited Ceylon will be gladly received by M. de Méricourt, and will be translated and published with the author's name attached. We shall be glad if we should in this manner be enabled to assist our *confrère* in his labours, and promote the exchange of international courtesies.

THE NORTHAMPTON PROVIDENT DISPENSARY.

FROM Northampton we are sorry to learn that the famous Provident Dispensary there is not working to the satisfaction of the profession. It was originally officered by six practitioners, three of whom resigned on the ground that improper persons were admitted as free members. The vacancies were never filled up; and, although the number of members has increased enormously, there are still only three surgeons, who are allowed to do the work by assistants, and who have a virtual monopoly of remunerative practice among the industrial classes. Now, it is quite plain that the profession as a body will not support any system which has such an issue as this; and that provident dispensaries, if erected into monopolies for a few private practitioners, will repel the very men whose support is most desirable. The question is one of considerable importance; and although the success of a single dispensary may be for a time promoted by the limitation of its staff, yet a reaction from such success is sure to take place, and to tell against the dispensaries as a whole. If these institutions are to take root and flourish, and to command the cordial help of the profession, it will only be by throwing them very freely open to all the practitioners who desire to assist in extending them.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

WE publish elsewhere a letter from Mr. Milward to which we would direct the attention of our readers. Not only Mr. Corrance, but all other members of Parliament who sympathise with Poor-law medical officers, will be disheartened if they find that these gentlemen are lacking in earnestness about their own cause, and that they starve their supporters in respect of the funds, without which no kind of contest can be successfully carried on. We trust that not only Poor-law medical officers, but members of the profession generally, will respond to Mr. Milward's appeal, and will furnish the sinews for a battle that has yet to be fought and won.

WHAT NEXT?

TENNYSON, with singular force, has written of

> "A thousand peering littlenesses
> In that fierce light which beats upon a throne."

Seldom has the truth of this statement been more strongly put before us than by one of our contemporaries, which had the indecency, on Saturday last, to give a place in its columns to what rumour—for such an assertion can have no firmer basis—states the Royal sufferer at Sandringham to have said during the delirium which has accompanied his severe attack of fever. The actual words reported were in themselves perfectly trivial, but as a matter of principle we must protest against the publishing of what all right-minded persons have ever considered sacred. Intrusiveness, even in the present day, should be aware that there are certain limits beyond which it has no right to pass, and we are surprised that so little regard was paid to the feelings of our Royal Family as to publish such paltriness. We have had evidence lately that nothing is too little to serve, if need be, for political capital, and on this ground, if on no other, it was incumbent on our contemporary to put some restraint on its Lynn reporter.

THE MEDICAL DEPARTMENT OF THE POST OFFICE.

THE Postal Medical Service, under the efficient headship of Dr. Waller Lewis, has rapidly increased in magnitude and importance. The system of health supervision of the *employés* of the Post Office in the metropolis inaugurated in 1855 by the appointment of the above-named gentleman as chief medical officer, has now been systematically extended to the suburbs. We have before us a list, just completed, of the appointments. There are sixteen divisions, each of these being subdivided into districts. To each division a medical officer is attached. Edinburgh, Dublin, and many of the larger provincial towns of the three kingdoms, are also provided with medical officers to take charge of the

health of persons engaged in the postal and telegraph services. As the number of towns so circumstanced is being increased, the provincial list remains for the present incomplete. The extension thus summarised may be accepted as a proof of the satisfactory working of the Medical Department of the Post Office.

THE LIVERPOOL CHOLERA HOSPITAL.

IN reporting in favour of the site selected for a cholera hospital by Dr. Trench and the Health Committee, Mr. J. N. Radcliffe has adduced the following important reasons for securing this open space by purchase:—First, the value of the ground as a breathing place for the part of Liverpool in which it is placed would be immeasurably augmented if it could be thrown open to the adjacent population as an airing and recreation ground. Second, it would always be of inestimable value in future epidemics for camping out, in huts or tents, either the sick or the families of the sick.

We have ourselves recommended the practice of using recreation grounds as sites of hospitals in epidemic times; and we are glad to see that the proposal has already borne such good fruit.

HEALTH OFFICER FOR OXFORD.

AT a meeting of the Oxford Local Board held on the 15th ult., Professor Rolleston urged the necessity of appointing a medical officer of health, to hold office during the carrying out of the new drainage works. Dr. Rolleston pointed out that a large number of labourers would be introduced into the place, and many questions would arise during the execution of the work which would have to be decided by special medical advice and opinion. On Wednesday last the principle was carried and a committee appointed to see to the matter. We are glad to find that this step has been taken.

VARIOUS are the rumours afloat as to the possible changes that will ensue in the constitution of the Army Medical Department at the beginning of the next financial year. It is confidently stated that it will see the end of the regimental and the commencement of the general staff system for the medical service of this country. We are informed, however, that nothing of the kind has been determined upon. A committee has for some time been engaged in framing some regulations affecting the *personnel*, administration, and internal economy of army hospitals.

THE Scottish Corporation held its two hundred and seventh annual festival on St. Andrew's day, the 30th ult., in the Freemasons' Tavern. The Marquis of Lorne presided, and at the close of a highly successful evening the secretary announced that £4500 had been subscribed to the funds of the hospital.

MR. HUTCHINSON proposes to give a clinical lecture on a case of syphilis inoculated by scratching the knuckle of the closed fist against an opponent's tooth, on Monday next, at 2 P.M., at the London Hospital, when all who take an interest in the subject will have an opportunity of examining the patient.

THE Acting Committee of the Association for the Better Endowment of the University of Edinburgh have prepared the deed of endowment for the Syme Memorial. The capital sum amounts to £2500; whereof £2000 were paid over to the Association by the Syme Memorial Committee, and £500 was added by the Association.

THERE will be a meeting of the Branch Medical Council for England next week.

THE alterations lately effected at the Royal Orthopædic Hospital for improving the ventilation and general accommodation of the hospital have been such as to enable Dr. Aldis, the medical officer of health for the district, to express his entire satisfaction with the sanitary condition of the building.

THE town of Llanelly, which has of late suffered considerably from fever, resulting from defective drainage, is now comparatively free from that disease—a fact which should by no means absolve the local authorities from taking all necessary measures to prevent a renewed outbreak.

FROM Bombay we learn that there is much excitement about municipal affairs, and that Dr. Hewlett, the medical health officer of the city, has been authorised to act as municipal commissioner till further orders.

Staff Asst.-Surgeon F. H. Welch, F.R.C.S., has been appointed to the Assistant-Professorship of Pathology at the Army Medical School, Netley, in succession to Staff Asst.-Surgeon Wearne.

REPORT
OF
The Lancet Sanitary Commission
ON
THE STATE OF
LONDESBOROUGH LODGE & SANDRINGHAM,
IN RELATION TO THE ILLNESS OF H.R.H. THE PRINCE OF WALES.

LONDESBOROUGH LODGE.

LONDESBOROUGH LODGE, the house in which H.R.H. the Prince of Wales stayed from Monday, October 30th, until Saturday, November 4th, is situated near the centre of the town of Scarborough, on the north side of the valley which separates the modern from the older portion of the town. It was originally called the bathing-house, and was used for the occasional visits of the Londesborough family for that purpose. The situation is superb. Mounted some 150 feet above the beach, it commands a view of the bay and castle of Scarborough, and the descent in front is so rapid that the grounds are necessarily broken into successive terraces. The elevation is low to prevent an interception of the sea view from the windows of the houses above. The house is reached from the road above by a considerable descent, and has all the appearance and characteristics of a marine villa of very moderate pretensions.

It may be divided for purposes of description into the family and domestic portions—the whole having cellars underneath. The dining-room, drawing-room, and breakfast-room are of moderate size and height. They are separated from the three rooms which were occupied by their Royal Highnesses the Prince and Princess of Wales, by a narrow corridor running the whole length of the house. At the end of this corridor is a watercloset, the door of which opens directly into the Prince's bedroom. None of the Royal rooms have any special or thorough ventilation. The bedroom is of moderate size. It is provided with a fireplace. A fire was kept up all day, but as the room is over the housekeeper's, it was found necessary to let it out at night. Into this room the watercloset opens directly, the single door not fitting particularly tight. At the back of the seat is a large window. The closet is of the ordinary pan-construction. It is in good order, and there is a depth of three inches of water standing in the

pan. The soil-pipe is of lead, and passes upwards to the floor above. Here it receives the soil-pipe of a second closet, and then it passes upwards through the large open cistern on the roof, from which these closets are supplied, and serves as a waste-pipe thereto. It is necessary to remark that this soil-pipe is not open at the top, but trapped immediately below the surface of the water. In this part of the house the bed-rooms above correspond to the rooms below, and were all fully occupied, either by members of the family or by distinguished guests. At the southern extremity of the main corridor already noticed is the front door, and close beside it is a second watercloset, which is provided only with a single door. This closet is lighted by a small window, generally kept open, but the indraft being objectionable, a ventilator has been placed in the ceiling within the last few days. At the time of inspection the pan of this closet had been removed. The plumber stated that it was found in an imperfect and offensive state, the lead having been much decayed. It is, however, right to say that the closet had been inspected by the contractor before the Prince's visit, and had been found to be free from smell, and to work properly. This is quite possible; at the same time, the more exact knowledge obtained by the taking out of the closets proves that there might have been an escape of dangerous emanations from this unsuspected source. If such was the case they must have permeated the entire house. The soil-pipe of this closet goes up to the floor above, where it receives the outlet of a closet on the first floor. Both these closets are supplied by a cistern in the roof, the waste-pipe of which terminates in the trap of the closet. This soil-pipe is not carried to the roof, and is not open.

Passing on to the domestic portion of the Lodge, we find that there are three stories in the place of two. All the rooms are low and confined. Some have no direct window space, and none have any special ventilation. They are approached by a dark prolongation of the corridor first named, from which they are separated by a pair of glass doors. There is a descent of several steps to this part of the house. Every room was occupied. Three maid-servants slept in a room only 6 ft. 10 in. high, and the Prince's valet in a room only 6 ft. 4 in. high; while one of the servants slept in a sort of housemaid's closet. On the landing of the first-floor of this part of the house is a watercloset; the situation very confined, but the condition of the closet excellent. The kitchen and scullery are on the ground-floor; they are very small, and it was found necessary to do as much of the cooking as possible at a temporary stove set up in a shed outside the building.

The cellars are under the kitchen and scullery, and underneath the other parts of the house are the housekeeper's room, still-room, servants' hall, pantry, shoe-house, &c. All these rooms are entirely below the level of the ground. They are dark, and without any special ventilation. The walls in many places show traces of damp, and at the time of inspection were undergoing repairs in consequence of a leakage from a water-pipe under the plaster. In most of the rooms there are sinks beneath the windows which look out on narrow damp-looking areas. The drains from all these sinks were trapped last year. The traps are most excellent in form and workmanship. They provide for a depth of several inches of water, and have openings for cleansing out. They terminate in four-inch pipe drains laid under the floors. At the date of our visit one of the junctions bore evidence of recent repair, and it was said that a rat had been killed beneath the floor. But the workmen assured us that there had been no defect in the drain, and that the injury to the luting had been accidental. On removing the fresh luting there was a powerful current from the drain into the room. All the drains pass inwards into the passage which runs along the entire length of the middle of the building. Here there is a nine-inch pipe drain, and besides the waste from the sink, this drain receives the sewage of one watercloset in the basement, as well as of those up stairs. Before quitting the house this pipe is trapped by a sigmoid bend; but this having apparently been thought insufficient, a second has been added outside within the last few days. This long central drain has been examined in two places since the departure of the family, and was found quite free from deposit. In the basement of the domestic part of the house there is a second pipe-drain which receives the waste-water from several sinks. In the cellar it expands into a large brick trap, said to be two feet square, into which is received the rain-water from the spouts and the waste from the scullery. The drain then passes out at the south end of the building, and after joining that from the other end, opens into a brick barrel drain about fourteen inches in diameter, which receives the drainage of about a dozen houses in the crescent, and, after passing through the Londesborough grounds with a very rapid fall, empties into the main sewer in the valley. This main sewer receives the sewage of a very large area, up as high as Folsgrove, and also that of the south cliff; and turning round the corner of the Grand Hotel, it reaches the foreshore, along which it passes with but little fall for nearly 2000 feet before it empties into the sea. There is a ventilator at the public-house stand, about 100 yards below Londesborough Lodge, but if this be no better than others in the town streets, it can be of very little use. And as the whole of the sewer on the foreshore is filled and emptied at every tide, it is impossible to doubt the effect on the sewers above. In every part of the town we found abundant evidence of sewer gases being forced out; and one of the most experienced builders in Scarborough said: "When the tide is rising water-valves are of no use whatever. I have repeatedly seen gases forced over them with strength sufficient to blow out a candle."

It will thus be seen that Londesborough Lodge is placed at the summit of a great length of sewer, and that no openings whatever are provided for the escape of gas or the relief of any pressure. Furthermore, all the drains are most unfortunately placed—the main ones in the centre of the building, and the branches running from the circumference to the centre underneath the floors. None of the soil-pipes open on the roof, and even the surface water-drains are all carefully trapped. The drains are thus placed in positions where they cannot be inspected, and where the least flaw will produce the greatest mischief. With such evidence as to the effect of the tide—with the probability that the rat found under the floor had escaped from the drain at some undiscovered point—with the additional draft produced by numerous fires and many gas-lights in a house with closed doors and windows, and with the defective watercloset pan—it seems impossible to doubt that the air of Londesborough Lodge was really tainted. There might be but little smell. There are no deposits in the drains, and the faint and deadly influence might have pervaded the whole house, or burst out of the closet of H.R.H. when the valve was raised, without being perceptible in an atmosphere pervaded, it may have been, by odours of a more agreeable kind.

We now come to the occupation of the house, and we find that during the visit of His Royal Highness no less than twenty-eight persons slept upon the premises—namely, eighteen servants, and ten guests and members of the family. Of the servants, nine slept in the basement of the house. Besides the Royal party, two persons slept in rooms on the ground-floor, and all the rest above. Before the visit of the Royal party the state rooms were occupied by other guests, and on the Monday after the departure of his Royal Highness, the Earl of Chesterfield went into them, and remained until the end of the week. After this they were occupied by other guests. We have been unable to learn if any have been ill except the Earl of Chesterfield. During the week before the visit of his Royal Highness the Duchess of —— had an attack of diarrhœa. The Duchess did not occupy the bedroom used by the Prince. The attack was severe, and lasted three days. There was a return of it in London, lasting two days. On Friday, Nov. 3rd, the day before the Prince's departure, Lord Londesborough had diarrhœa, and was unable to accompany the shooting party. On Saturday he was unable to see his Royal Highness off. His attack lasted over two days. In the year 1870 there appears to have been some illness in the house at the time of the Royal visit. One lady was taken ill with urticaria the day after leaving, and her sister with cramp. The Duchess of —— suffered as lately. One of the men-servants was also sick and poorly and complained of want of ventilation in the basement rooms; whilst Lord B—— was ill in the house with diarrhœa on the 6th, 7th, and 8th of November, the week following the visit of H.R.H. the Prince of Wales.

It remains now to notice two suggestions as to the possibility of His Royal Highness having taken typhoid fever

at Scarborough. One is, that some parts of the pheasant feeding grounds are rendered dangerous by the practice of hanging up carrion for the growth of the "gentles" on which the pheasants are fed. We have not thought it necessary to investigate this suggestion. There can be no offensive carrion at this time of the year, and it is improbable that any offensive matters would have remained since the summer.

The second is, that his Royal Highness might have been poisoned as he rode by a manure yard on the Seamer-road, the stench from which is certainly abominable. The Duke of Beaufort writes to say that the stench made him feel very sick, and that it made one of his servants ill. The place is no doubt a dangerous nuisance. It is the receptacle of all the dust and privy manure of Scarborough. Seven carts make six or seven journeys each per day, bringing together quantities of ashes, human excrement, paper, vegetable refuse, &c. Fermentation rapidly begins, and the effluvia are offensive beyond description. The stuff is sold to the farmers at 1s. per ton. Nor are the exhalations free from danger. From inquiries made at six of the neighbouring houses it was found that one person had been made sick. One had typhoid fever and one small-pox. It is significant that this place is at the head of the valley sewer, into which Londesborough Lodge is drained. A bone-mill near does not lessen the nuisance, and, for the credit of the town, some effort should be made to reduce the evil within supportable limits, or to remove it to a distance. We have, however, great difficulty in believing that a short exposure to this influence would give rise to typhoid fever. It is really wonderful how much the human frame will bear with impunity whilst under the influence of free exercise and ventilation in the open air. No matter how dangerous the stink, the effect is at once destroyed by a few inspirations of the rapidly moving air. It is within the walls, and especially in the night, that noxious effluvia exert their greatest influence, and it is just then that the system is least able to resist their force. We cannot therefore associate the origin of His Royal Highness's complaint with the casual inhalation of air from a possibly infected muckheap, nor, indeed, with the mere possibility that he has unwittingly been in the neighbourhood of a person labouring under typhoid fever. Naturally of a sound constitution, His Royal Highness would resist for the longest possible duration the influence of any morbific poison, and the dose must have been strong and continuously taken to produce so grave a malady.

With respect to the public health of Scarborough and the sanitary organisation of the town, we propose to give a full report next week.

As bearing upon the present inquiry it is, however, necessary now to observe that there is always a certain limited number of cases of typhoid fever in Scarborough during the autumn months. Since September 29th there have been six deaths from fever in the town. Three are registered as typhus, but it is more than probable that they were really typhoid, as the occurrence of the former is quite anomalous. There were also nine deaths from fever during the quarter ending September 30. At the Scarborough Dispensary the patients admitted were as follows:—

1871.	Total admissions.	Diarrhœa.	Typhoid.
August ...	133 ...	9 ...	1
September ...	168 ...	34 ...	2
October ...	159 ...	12 ...	0
November ...	172 ...	2 ...	4

In November last year there were three cases. Considering that surgical as well as medical cases are admitted to this dispensary, the proportion of typhoid patients seems to be considerable. The matter will be further gone into in our next report.

With respect to the connexion between the occurrence of diarrhœa and the possible existence of foul effluvia, Mr. Dale wishes us to state that he had never himself observed any such effluvia in Londesborough Lodge; still less was he in a position to say that they came from the drains, nor did he say so. The utmost he could admit was that there might possibly be foul effluvia arising from the use of the closets by so large a number of persons, and from the cooking going on in a confined space.

It can scarcely be doubted that any emanations whatever would exert their maximum of force in a small, ill-ventilated, and densely-crowded house. The most damning fact is, however, that two healthy persons should have been attacked with typhoid fever, the only history common to them both being the circumstance of their having occupied the same bed-room in successive weeks, that bed-room being placed upon the summit of a closed sewer, with nothing but a few inches of water to protect the sleepers from the probable source of their disease.

SANDRINGHAM HALL.

There is no suspicion whatever that Sandringham Hall is placed upon an unwholesome site. The soil is a light sand, six or seven feet in depth. Under this is a loose and open stratum of carr stone, of about eleven feet, and then there is a substratum of hard impervious rock, which has to be chiseled out to reach an inexhaustible spring of hard water immediately underneath. Below the whole is chalk. The surface-water is abundant, owing to the general absence of drainage on the commons and woods round; but of course the site of the Hall has been effectually drained.

The Hall is a modern structure, and, so far as we have been able to ascertain from the most trustworthy sources, it is constructed on the soundest sanitary principles. Thus, for example, the number and length of drains within the building have been reduced to a minimum. The bedroom of their Royal Highnesses is separated from the bath-room by the dressing-room, and the watercloset is separated from the bedroom by both dressing-room and bath-room. Moreover, all the soil-pipes are carried by means of three-inch ventilating pipes to the highest point of the roof or chimney, removed from the proximity of windows or downward draughts, yet freely open to the air. The sewage is conducted through a glazed pipe-drain, set in cement, to a cesspool about 350 yards away; but we have been unable to satisfy ourselves that the top of the cesspool is covered with a charcoal ventilator, and we are unable to affirm that the cesspool is completely separate from the water-bearing stratum from which the water-supply of the district is generally derived.

The principal water-supply for the Hall is obtained from a well about thirty feet deep, and about fifty yards from the Hall. The supply is obtained from the water-bearing stratum before described, but it is probable that all these wells receive a large quantity of surface-water after filtration through the sand. A new well was opened about a year ago, near the dog-kennels. It is used when the first falls short. The supply required is said to be about 8000 gallons per day.

The mews are at a considerable distance from the hall. The accommodation for the single grooms consists of a large chamber divided into bunks by wooden partitions not reaching to the ceiling. One portion of the chamber is much larger than the rest, and is provided with a fireplace. This is used as a common sitting-room. There is also a common dining-room downstairs. The drainage from the mews is separate from that of the hall. The water-supply is derived from a special well, which has been in use some years.

For some time there was no supply of water to the lodge, but a shallow well has been made, which yields an abundance, at a few feet beneath the surface.

THE NEIGHBOURHOOD OF SANDRINGHAM.

The village of West Newton is just outside the parish of Sandringham, and is on a somewhat higher level. It is the only village very near the Hall. It contains about 220 or 230 inhabitants. Many of the cottages are quite new, having been built by H.R.H. the Prince of Wales, and others are being erected in order to meet the wants of the greatly increased number of labourers who have been employed upon the Sandringham estate since its purchase by His Royal Highness. The village for some time past has not been in a satisfactory sanitary state, and no doubt the evils have been much increased by the overcrowding of numerous lodgers into the cottages of the ordinary residents. Even now there are rooms in which six and eight persons are compelled to sleep without any ventilation, whilst the day-room below is also used for sleeping in.

There is scarcely a house in the village in which sickness has not occurred. In 1868, out of ten deaths, three were

from diphtheria; and in 1871, out of nine deaths, there have been, quite recently, five from scarlet fever, and three from typhoid. These last occurred respectively in January, in a patient aged twenty-one; in March, patient aged forty-three; and in April, patient aged twenty. At the present moment, out of eight cottages belonging to His Royal Highness, only one has escaped illness; and in a row called Billing's-yard not a single inhabitant has escaped. Eight persons are now suffering from scarlet fever, but there has been no typhoid since the spring.

In another row most of the inhabitants had typhoid, and of these three, as above, died of it. On looking to the water-supply one cannot wonder at this result. The wells are all shallow, rarely exceeding twelve feet. The surface soil is a sterile sand. At a certain depth is a hard stone called "carr," beneath which is the chalk. There is but one well for all the cottages belonging to the Prince, and that well is immediately between two privy middens, not fifty feet apart. The middens receive the excrement, slops, and no doubt surface water of the yard, there being no surface drains, and it is more than probable the water of the well is more or less tainted.

In Smith's-row, in which the typhoid deaths occurred, the well is reported to yield the best water in the village. It is within a very short distance of a stable, and until quite recently there were several manure pits and middens on the surface of the ground close by. At the moment of our visit a bucket had fallen into the well, and in the efforts to get it out the sediment had been stirred up.

In Billing's-row the water was in the summer so contaminated by the percolation from middens, privies, and manure-heaps, that it became very offensive, and in the language of the natives, "Maggots were seen in it." It is due to the Rev. Mr. Scolefield, the rector, to say that he has made great efforts to improve this state of things. Formerly there were no privies at all, but now wooden boxes have been erected, which have certainly diminished, though they have not cured the evil. Nor has any effort been spared on the part of H.R.H. the Prince of Wales to provide for the accommodation of his numerous labourers. He has repeatedly discussed the question of cottage accommodation, and many additional cottages of a good description are being built. The great defect of those erected is the deficient water-supply, and the large middens, which hold from twenty to thirty barrow-loads of soil, and only require emptying once a year. This arrangement is obviously very dangerous in a porous soil, and in such close proximity to the wells from which the water-supply is drawn. Another defect is that the roofs are not provided with spouts. The cottagers have nothing but a very hard water to wash with, and their walls and yards are inundated whenever there is a heavy shower.

It seems extremely difficult to account for the propagation of a specific typhoid contagium to this village. It is very high, and at a long distance from any permanent centre of disease, whilst the origin is readily explained if we admit that it may be spontaneously produced. In that case it will not be necessary to insist on the previous existence of typhoid fever as a condition of its propagation, but simply to prove that excremental poisoning may have taken place. This can undoubtedly be brought about in two ways—viz., by drinking poisoned water, or by breathing poisoned air.

WATERS OF SCARBOROUGH AND SANDRINGHAM.

Through the kindness of Mr. Dale, F.R.C.S., we have been furnished with samples of the waters generally in use at Londesborough Lodge, and also of the "Bristol water." We have likewise obtained authentic samples of the Sandringham and West Newton waters, and are thus enabled to lay before our readers analyses of all the different waters which have had a chance of influencing the health of His Royal Highness.

The results of our inquiry are that the Bristol water is a splendid water, but that all the others are more or less impure. The West Newton waters, indeed, are so highly charged with sewage that they do not rank with drinking waters at all. They are like the effluent water from a sewage-farm, and the question to be asked concerning them is not whether they are fit to drink, but whether they are fit to turn into a river, and how large the river should be in order that they may be sufficiently drowned.

The analyses do not impugn the character of the general water-supply of Scarborough, which is fairly good; but they show the existence of some local cause of pollution in the neighbourhood of Londesborough Lodge. This, however, has no bearing upon the illness of H.R.H. the Prince of Wales, he having been supplied with the pure Bristol water throughout his visit. The analysis of the Sandringham waters point clearly to the local origin of the groom's attack, the water of the Hall being in an unsatisfactory state, and that of the mews evidently tainted. The latter belongs to the same category as the waters of West Newton, and its composition proves that it is capable of giving rise to an attack of typhoid. This inference is strongly borne out by the absence of any insanitary condition in the dwelling-rooms.

We append the analyses, giving also an analysis of the London New River water for comparison.

NAMES OF WATER.	Parts in a Million.		Grains in a Gallon.		
	Free Ammonia.	Albuminoid Ammonia.	Residue dry at 212°.	Residue ignited.	Chlorine.
"Bristol Water" from Londesborough Lodge, Scarborough	0·00	0·03	84·	63·7	5·2
Water from the pipes at Londesborough Lodge	0·14	0·05	35·	21·	2·65
Londesborough Lodge (No. 2)	0·02	0·08	—	—	—
Scarborough (town water-supply)	0·01	0·05	—	—	—
Water from West Newton, Smith's Well, Lynn	0·01	0·12	114·1	80·5	9·9
Same, stirred up	0·04	0·40	—	—	—
Water from West Newton, Billing's-yard, Lynn	0·02	0·18	120·4	101·5	13·3
Water used for the House, but always filtered before drunk by the Prince and Family. Sandringham	0·04	0·15	—	—	—
Water from well supplying Mews. Sandringham	0·12	0·15	—	—	—
Water from New River, London	0·01	0·05	—	—	—

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

THE fifth anniversary session of this Association was held at the Freemasons' Tavern on Friday and Saturday, the 1st and 2nd of December.

The meeting on Friday, to which we were invited at 8 P.M., but which we found on arriving had commenced at 7 P.M., was attended by about thirty members, including Dr. Day, of Stafford (president of the Association), Dr. T. H. Shorthouse, Dr. Swete, Dr. B. W. Richardson, Dr. Sedgwick, Dr. Harris (Redruth), Dr. Lush, M.P., Dr. Griffiths, Dr. T. Ballard, Dr. Crisp, Dr. T. Seaton, and others.

We arrived during a desultory discussion on the value of the St. Andrews degree, and it appeared to be the opinion of some of those present that the degree in question was as

good a criterion of medical attainments as any other degree, that it did not deserve to be stigmatised, as it not unfrequently had been, and that the examinations at present were searching, scientific, practical, and severe. Dr. Harris stated that, when he passed in April last, three out of the ten who presented themselves for examination were plucked.

Dr. B. W. RICHARDSON proposed that Mr. Hepworth Dixon, Sir F. Pollock, and Mr. Herbert Spencer be elected honorary members of the Association. This was put to the meeting, and carried *nem. con.*

Dr. SWETE then proceeded to read a paper on "Habitual Drunkenness and its Treatment, Medical and Legislative." He drew a distinction between the habitual drunkard and the dipsomaniac. The one he regarded as the slave of a vicious habit, and the other as the victim of an awful disease. While the vice was more common among the poor, the disease was more common among the rich. The vice might be overcome by determination and prayer, but the disease was beyond the control of these moral therapeutics. He agreed with Dr. Tuke that dipsomania was a true mental disease. Dipsomaniacs are not liable to delirium tremens; they are subject to continuous thirst, their attacks are paroxysmal with intervals between, varying from a few days to six months, and during the attack they will drink anything they can get hold of. Many, if not the majority, of dipsomaniacs are of a neurotic constitution, and they are very commonly found amongst the softer sex. He fully agreed with all that had been said by a writer in the *Saturday Review* on drawing-room drunkenness. Our social habits were deteriorating, and there was a general tendency to increase the strength of our beverages, and to resort to the American habit of "nipping." He thought the Legislature was bound to interfere, and make the obtaining of alcohol a less easy matter than it was at present, when every grocer was empowered to sell strong drinks. The only treatment for dipsomaniacs was to put them in a position where the obtaining of drink was impossible.

A discussion followed the reading of the paper, in which all who took part were unanimous in the opinion that Dr. Dalrymple's Bill was worthy of the support of the Association, and a resolution embodying this opinion was proposed by Dr. Richardson and carried *nem. con.* The opinion was also general that it was the duty of the profession to use the greatest care in prescribing alcohol, Dr. Richardson especially insisting that not only should the amount of alcohol be accurately defined, but the variety of alcohol should also be stated, as the different alcohols, ethylic, methylic, amylic, &c., had very different physiological actions.

Dr. SHORTHOUSE thought that the purveyors of liquor should be under powerful control. He agreed with Dr. Richardson, and could bring great practical experience in support of his opinion, that the nature of the alcoholic drink made a great difference. He thought that the effervescing wines were far less harmful than sherry, or even bitter ale; and amid shouts of laughter he proceeded to inform the Society of the quantity of champagne he habitually drank per diem. He had drunk some before coming to the meeting, and he would pledge himself at that minute "to thread a needle, or to pick a flea's eye out." Champagne never did him any harm. He believed it to be a most harmless drink, and in further support of this view he quoted the case of old Ned somebody, in the Kent-road, who drank thirty bottles a day.

Dr. LUSH, M.P., thought that Dr. Dalrymple, in his Bill, had treated habitual drunkenness too much as a penal matter. It was not, in his opinion, a subject for magisterial interference. He would rather see it dealt with by an extension of the lunacy laws, and he would place habitual drunkards under a restraint similar to that imposed upon lunatics.

Dr. SEATON did not believe in the disease called dipsomania. Drunkenness was a vice, and should be treated as such.

Mr. HEPWORTH DIXON said the State had already interfered in the matter of education. It no longer allowed men to be wilfully ignorant, and it was also its duty to interfere in the case of wilful drunkenness.

Dr. CRISP regarded habitual drunkenness as a disorder, but not a disease.

The CHAIRMAN did not see his way clearly to making any useful or practical distinction between the vice and the disease.

The meeting then separated.

On Saturday, at five o'clock, the members again assembled, to hear the anniversary address by the President, Dr. Day, of Stafford, on "The Historical Steps of Modern Medicine." The address was a careful and masterly *résumé* of the more important steps of advance which medical science had made during the present century, and we very much regret that Dr. Day had not a larger audience. As it was he managed most thoroughly, and in a most pleasant manner, to rivet the attention of those present. He alluded first to the advances which improved microscopes had enabled us to make in the study of histology, which might be called "the newly-discovered anatomy of the present age." The study of healthy tissues had naturally led to the careful study of diseased tissues; and in this way our knowledge of the effects of disease had increased in accuracy as in amount. The discovery of dialysis and Graham's distinction of crystalloids and colloids had shed a flood of light upon our knowledge of vital processes. One of the greatest of all the advances made in modern medicine was the study of disease by synthesis. The production of diabetes by puncture of the floor of the fourth ventricle, the artificial production of cataract and epilepsy, the hereditary transmission of the epilepsy so produced, the various effects arising from division or irritation of the sympathetic nerve, the effects of the various nitrites on the sympathetic, and the production of cardiac inflammation by the injection of lactic acid into the peritoneum, were some of the most startling of the many instances that could be adduced of the production of disease by synthesis. Thermometry belonged almost exclusively to the present age. The laryngoscope, the opthalmoscope, the spirometer, and the sphygmograph, instruments of different grades of utility, would also become historical marks. Subcutaneous surgery, which had lately culminated in the subcutaneous division of the neck of the femur, was an advance, the importance of which it would be difficult to over-estimate. The excision of joints, iridectomy, plastic surgery, including its latest outgrowth of skin-grafting, the treatment of aneurism by compression, and the scientific use of antiseptics in the dressing of wounds, were all advances upon the methods of our ancestors of which we might well be proud. Of all the improvements in modern surgery he would accord the greatest praise to the operation which he would place last in the position of honour. He alluded to ovariotomy. We had not stood still in the matter of therapeutics, as the introduction of the use of hypodermic injections and the administration of drugs by means of inhalations would testify. The learned President concluded by saying that he was very sensible that, in addressing them that evening, he occupied a position which had been previously held by men of the highest scientific attainments, whose addresses had been marked alike by the deepest thought and the richest eloquence, and he should feel deep satisfaction could he but think that the members of the Association would consider the address of 1871 as worthy of holding a place alongside those of previous years.

A vote of thanks to the lecturer terminated the proceedings. The members of the Association afterwards dined together, and thus the winter session of 1871 was brought pleasantly to a close.

ASSOCIATION OF CERTIFYING MEDICAL OFFICERS OF GREAT BRITAIN AND IRELAND.

THE fourth annual general meeting of this Association was held at the Adelphi Hotel, Liverpool, on the 20th of October last; Dr. ARLIDGE, the President elect, in the chair.

In the report of the committee reference was made to the new regulations respecting the reporting of accidents, which were generally approved; but the committee considered that the fee of sixpence for examining each factory hand presented at the residence of the surgeon, fixed by the factory inspectors with the sanction of the Home Office, was most unprecedented, and beyond the scope and

meaning of the Acts now in force, and equally as discreditable for the Government to offer as for the surgeon to accept. By so sanctioning the examination of children and young persons at the residence of the factory medical officer, the memorandum revives also a proceeding that experience has proved to be both useless and a cause of irregularities, and one that had been repealed by later Acts. The committee recommend that a short memorial to the Home Secretary be prepared and sent to every certifying medical officer for his signature, praying for a modification of this order, on the ground that so small a fee was never before offered for any public service whatever. For even in the case of the registration of births, &c., the minimum fee for a mere copy of a birth register, when given on the formal requisition issued by the authority of the inspectors, under a special clause of the Factory Acts, is one shilling, whilst in ordinary cases it is three shillings and sixpence.

The following gentlemen were elected as officers and members of committee for the year 1871-72. President: Dr. J. T. Arlidge, Physician to the North Staffordshire Infirmary. Vice-Presidents: Mr. F. Jordan, Surgeon to the Queen's Hospital, and Professor of Surgery, Queen's College, Birmingham; and Dr. W. Roden, Kidderminster. Treasurer: Mr. E. Waters, Coventry. Secretary: Mr. G. M. Stansfeld, Redland, Bristol. Members of Committee: Mr. C. D. Purdon, Belfast; Mr. J. T. Mitchell, Stockwell, London; Mr. Thomas Bott, Bury, Lancashire; Mr. W. Lees Underhill, Tipton-green, Staffordshire; Dr. H. Collins, Wolverhampton; Mr. G. W. Hardy, Warrington; Dr. Robert Beales, Congleton: Mr. C. R. Crossley, Leicester; Mr. W. J. Clapp, Nantyglo, Monmouthshire; Mr. A. H. Balfour, Portobello, Edinburgh; Mr. C. Johnson, Lancaster; and Mr. R. G. Horton, Leeds.

A very able and instructive address was delivered by the President elect, and was ordered to be printed with the other proceedings of the Association.

The desirability of all factory surgeons joining the Association was strongly insisted upon at the meeting; and in order that the general purposes of the Association should be more fully understood, as also the reasons for joining it, it was resolved that the report be sent to all the medical officers under the Factory Act whose names and addresses could be obtained.

The next annual meeting of the Association was decided to be held at Bristol, not later than the second week of September, 1872.

The names of new members should be sent to the honorary secretary, to whom also all communications should be addressed.

LAW INTELLIGENCE.

COURT OF QUEEN'S BENCH, DEC. 5TH, 1871.

(Before the LORD CHIEF JUSTICE COCKBURN.)

BROWN V. WAKLEY.

MR. SERJEANT PARRY and Mr. Leslie appeared for the plaintiff; Sir J. Karslake, Q.C., Mr. A. L. Smith, and Mr. A. Tyler Smith for the defendants.

During the hearing of the case of Kibble *v.* M'Iver, on Tuesday, and immediately on the Lord Chief Justice taking his seat after the adjournment for luncheon, an application was made in the case of Brown *v.* Wakley.

MR. LESLIE.—May I mention to your lordship the case of Brown *v.* Wakley. It stands next on the list after the present case. The plaintiff, I am sorry to say, is very unwell and unable to attend this court as a witness. I have an affidavit, which, I believe, has been handed to the Court already, stating that he is at present suffering under great excitement, bodily depression, and mental exhaustion, and utterly unfit to be a witness in a court of justice; that the excitement and anxiety caused by a trial would probably result in a sudden fit of paralysis, from which Mr. Isaac Baker Brown, the plaintiff, has already suffered.

THE LORD CHIEF JUSTICE.—Is that an affidavit of the plaintiff?

MR. LESLIE.—It is an affidavit not of the plaintiff, but of Dr. Routh, a medical gentleman.

THE LORD CHIEF JUSTICE.—It is an affidavit of a medical man to that effect?

MR. LESLIE.—Yes.

THE LORD CHIEF JUSTICE.—Is the application opposed?

MR. A. L. SMITH.—No, my lord. I appear, with my friends Sir John Karslake and Mr. Tyler Smith, on behalf of THE LANCET. Of course after such an affidavit it is not for THE LANCET to force on this case.

THE LORD CHIEF JUSTICE.—I think you are quite right.

MR. A. L. SMITH.—Of course it must be on the usual terms. We have many professional gentlemen here.

THE LORD CHIEF JUSTICE.—The costs of the day.

MR. A. L. SMITH.—The costs of the day. The case is to stand over till when?

THE LORD CHIEF JUSTICE.—Till the sittings after next term.

Correspondence.

"Audi alteram partem."

COLD WATER TREATMENT OF FEVERS.

To the Editor of THE LANCET.

SIR,—I have waited a fortnight expecting that Mr. Jessett's appeal, in your issue of November 4th, to "our leading physicians" for their views on the above subject, would be responded to from the invoked quarters. As, however, this has not been the case, and as the question is one of vast practical moment, it occurred to me—albeit merely a humble provincial physician, and therefore not belonging to the invited category—that the profession, nevertheless, would perhaps not be altogether above hearing the views of one who has spent the half of a forty years' medical career in carrying out the mode of treatment now called up to judgment.

It is proper to remark *in limine* that the reduction of fevers by water appliances does not necessarily imply *cold* water. There has been too much of that, much to the disparagement of a remedy good and safe, if wisely used. Neither is sponging the most trustworthy form; it is, on the contrary, the mode the most difficult to formulate, the most liable to be mismanaged, and therefore the most replete with danger. I am glad, however, to find in THE LANCET of to-day (November 18th) a gentleman (Mr. Monroe) of long and large experience point out the safe expedient, and "a more excellent way"—wet-sheet packing. I had believed that this was no novelty now-a-days in the profession. Dr. Tanner, in his books, mentions it with other water processes as already received, or, at all events, worthy to be received, among the "orthodox" weapons of medical warfare. In Germany eminent hospital physicians condescend to the practice, and have written monographs in its exposition. Many of our own medical men I know use it, in spite of fears—once too real—of being denounced by the prejudiced as quacks or of being ostracised from the communion of the brotherhood, to put no finer point upon it. Incidentally, also, in medical literature the subject, in favouring terms, crops up ever and anon. The lights thermometry now affords place this once heterodox process henceforth on an enduring basis; and depend upon it, Sir, the day is at hand when it will be taken up by our best hospital physicians as a remedy the more tried the more to be trusted, a measure at once scientific, safe, simple, and efficacious wherever the temperature rises to the dangerous degree.

With your permission, Mr. Editor, I shall devote this first letter to sifting, as briefly as possible, these pretensions, and shall conclude with showing up the dangers of sponging and prolonged immersion in cold water. In a second and concluding letter—if you will kindly permit the discussion—I shall try to lay down the rules and precautions necessary to the due administration of this great antiphlogistic and febrifuge process.

The points wherein consist the safety, the superiority, and the real efficacy of the "wet-sheet packing," as compared with spongings, affusions, or cold immersions, may be summarised as follows:—

1st. It fixes the degree of abstraction of heat—the limit being the amount of heat necessary to warm the sheet. Hence, a guarantee against undue lowering of the vital

powers. The dry, non-conducting materials of the envelope (blankets and down quilts—see Mr. Munroe and Dr. Tanner's description) prevent all extrication of animal heat beyond that required to equalise the wet sheet with the temperature of the body. In the constitutional molimen, to effect this there is a great determination to the surface and an immense activity of the capillary circulation of the skin, with corresponding intensity of chemico-vital transformations, and all this at the expense and to the benefit of loaded interior viscera, whose congestions are forced, or at least coaxed, to yield up their surplusage of blood. With spongings and immersions, on the contrary, what between the chilling evaporation in the one process, or the tremendous drain of animal heat in the other, reaction is difficult to be accomplished, and the molimen of the fluids, instead of being determined naturally, is reversed, and passive congestions of lungs, or brain, or intestines, or kidneys, or uterine organs, or spinal membranes, are almost unavoidable.

2nd. The wet-sheet packing reduces quickly and safely the excited nervous and vascular actions of the febrile state—thereby quelling the constitutional disturbance and malaise, as well as slackening the accelerated eremacausis, or waste of tissue, kept up by high temperature.

3rd. The heat of the body converts the water in the sheet into vapour, creating, in effect, a vast body-poultice, or cutaneous anodyne. It needs no stretch of the imagination to conceive the effect of this sudden transition from a dry, irritant, burning heat of skin, to a sense of delicious coolness and moisture. What theory points out as the needed positive soothing agency under morbid irritation to so immense a sentient surface as the nervous web of the skin, is here effected by the soaking of its hard, dry, bound tissues by prolonged immersion in a delicious, soft, cosy, medium, in which the entire weight of the wearied and weak body is supported at every point.

4th. A moist state of membranes, every physiologist knows, is the prime condition of exhalation through them. The dry, constricted, parched, capillary-closed skin of fever, therefore, is an effectual bar to that motion and determination of fluids to the surface which cutaneous evaporation in a duly heated medium promotes. Hence to relieve the resulting congestions, and to soothe the hyperæsthesia, the sure accompaniment of hyperæmia, the practitioner casts about him for the means of equalising the circulation of the surface and of the interior. Under these circumstances he hails with joy a spontaneous perspiration. This happy physiological result usually crowns the efforts of the wet sheet packer, and constitutes the crisis and climax of the disease. From this point "nature" now goes on her way triumphant to recovery. Not only is the morbid waste of matter stopped, but the elimination of that which had taken place is facilitated. The blocked channels of arrested secretions are reopened; engorged or obstructed capillaries are emptied or cleansed; hardened epithelium is soaked and peeled off. Without this preliminary *sewage work*, it would be in vain to expect ill-conditioned states of the blood to be rectified; but with it the way of convalescence is plain, patent, and paved. Any how, we find as the gratifying result that, through the becalmed and bepoulticed surface, not only is the morbid sensibility of its nervous fibrils allayed, but the brain also is, on the one hand, soothed to repose, and the ganglionic system, on the other, roused to action. A process, therefore, that boasts these sovereign physiological virtues, should need, like the good wine of the Medical Club, no "bush" to recommend it. The first momentary uncomfortable sensation is generally succeeded in children by instantaneous and profound slumber. The effect on adults is always such as to create great reluctance to leave so soothing a medium.

Suffice it now to conclude this first letter with a warning as to the danger of sponging and prolonged cold bath, *experto crede*. The former is an operation usually left to inexperienced nurses, servants, or friends; and if done sufficiently long to cool effectually a burning surface, it is almost impossible to avoid overdoing it, and often exposing the skin in a highly sensitive and susceptible moment to the influence of draughts and a permanent chill. I have not the least doubt, from my experience of similar cases, that Mr. Jessett's lady patient caught her fatal pneumonia from maladdresse and mismanagement in the attempt to cool. His male case, from the same cause, just escaped with "the skin of his teeth."

The permanent cooling plan now in vogue, when the temperature reaches the killing point (108° to 110°) may be occasionally justified as an *au pis aller* in strong subjects, and undoubtedly has saved some. But it is an experiment that may be very deadly, and should never be tried now that we have an equally potent but superior method of reduction. The risk is that of abstracting too much heat—of lowering action beyond the power of reaction—and of superinducing new centres of disease; factitious congestions of vital viscera as grave and difficult to deal with as the primary malady.

I have the honour to be, Sir, your very obedient servant,

Sheffield, Nov. 18, 1871. JOHN BALBIRNIE, M.A., M.D.

THE PROFESSION IN SPAIN.

To the Editor of THE LANCET.

SIR,—Seeing that your quotation from the *Cornhill Magazine* relative to the state of the profession in Spain has elicited a warm letter on the subject from a Spaniard, a few observations from one who recently made a personal and somewhat critical examination into the condition and working of several of the more important hospitals of that country may prove of interest.

The writer in the *Cornhill Magazine* has been quick in spying out defects, but very slow in according praise where praise in many instances is fairly due. Commonly throughout Spain the hospitals will be found to be located in what were formerly convents or monasteries; hence little can be expected as regards the many conveniences now-a-days considered indispensable to a well-regulated hospital. The wards may be often lofty and spacious, and, from their size alone, containing a wholesome atmosphere; but the absence of any regular system of ventilation, the great difficulty of preventing draughts, and the impossibility (in winter) of effectually warming their cold and bare expanse, must operate sadly against the comfort and proper treatment of the patients. We noticed both light and cleanliness to be too deficient in the wards, and the persons of the majority of the patients suggested a long-continued absence of the benefits derived from soap and water. The bath accommodation was almost invariably insufficient, and the latrines ill-arranged and badly kept.

Where the true principles of hygiene are so manifestly neglected, we were little surprised to notice the lingering character of many cases under treatment, the prevalence of a low form of ophthalmia, strumous disease in every phase, and amongst surgical cases a tendency to the sloughing and unhealthy appearance of wounds. One hospital, the Hospital Militar at Barcelona, had been recently visited by a regular epidemic of gangrenous bubo, no less than eighteen cases having occurred within a comparatively short space of time, of which sixteen had terminated fatally, and two, which we saw, being still under treatment.

As regards the treatment of disease generally, we must say that it was fairly in accordance with modern views, so far as we saw it. Owing to the position of the country, one cannot feel surprised at a tendency to adopt French views and opinions. The usual surgical operations seemed well and skilfully performed, and the instruments (all from Paris) well kept and embracing most of the modern improvements.

In striking contrast with the condition of the wards and their occupants are the signs of cleanliness and order prevailing, as a rule, in the various offices of each hospital. The linen rooms were well kept, and their contents scrupulously clean; the pharmacies good; the kitchens almost always excellent, the cooking being generally done by gas. The dietaries, instead of being "mean and miserable," appeared to us to be both good and sufficient, excepting, perhaps, in the matter of fresh vegetables. Beef, mutton, poultry, fish, eggs, rice, dried legumes, lemons, oranges, and apples appear on the lists. The soup was poor and thin. It must be borne in mind that the Spaniard is not a great meat-eater, and that hence a dietary well suited to him might not, perhaps, meet with the approval of an inhabitant of a more northern climate.

The pathological and other museums attached to the universities and hospitals of both Madrid and Barcelona are very deficient in their contents, and utterly unworthy

of the institutions to which they belong. Dr. Velasco has, perhaps, the most valuable and interesting collection of anatomical and pathological subjects in Spain, and is an energetic and active lecturer. As regards the medical schools of Madrid and Barcelona, we think from what we saw that it would be unfair to esteem lightly the reputation of the native professors, the system of teaching, or the assiduity of the students; the latter may lack facilities for study, but it must be recollected that hitherto the Spanish Government has been slow to support, in a liberal manner, all charitable institutions, and slower still to encourage scientific research. Under an energetic, benevolent, and right-minded sovereign, and under a Government less addicted to jobbery and selfishness in appointing to office, Spain may yet have a brilliant career in our noble profession opened out to her; and we affirm that, despite the insinuations of the writer in the *Cornhill Magazine*, one cannot enjoy the society and conversation of such men as Professor Carlio, Vidert, Bartolomeo, Robert, &c., of Barcelona, and Professor Velasco, with others whose names fail us just now, but with whom we were intimate at Madrid, without feeling that, as regards the progress of medical science, Spain has many good and thoughtful men whose efforts would bear fruit were they not frustrated by a selfish and tyrannical Government.

The hospitals visited by us were the civil hospitals of Saragossa and Burgos; the Hospital General (600 to 700 beds), H. Caridad, H. de la Princesa, and H. Militar, at Madrid; the Santa Cruz Hospital, the Maternity, and Military Hospital at Barcelona; and others in towns of less importance.

I am, Sir, yours obediently,

Charlotte-street, Bedford-square, December 2nd, 1871. FRANKLIN GOULD, M.D.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE health of the town continues good, the death-rate being 25 per 1000, or lower than in any of the seventeen largest towns of the kingdom, except Hull, and this in spite of the evident increase of small-pox. In the previous six weeks there were 10 fatal cases, while last week there were 6 deaths from that cause. In Wolverhampton the death-rate is 50·3, the highest of any town in the kingdom, and is mainly caused by the small-pox epidemic. There are at the present time 19 cases in the Wolverhampton Borough Hospital, and 177 under the care of the Union medical officers; while in the adjoining towns of Bilston and Willenhall there are also many cases under treatment. In Oldbury the disease does not seem to be advancing, but the Board of Health are going to provide a special small-pox hospital for any fresh cases that may arise in their district.

The annual meeting of the Coventry and Warwickshire Hospital has just been held, and the report shows that during the past year there have been 180 in-patients, of whom 118 were cured, 27 relieved, 25 discharged at their own request, and 10 now remain in hospital. The funds show an increase in the amount of subscriptions and donations, although, from additional expenses, the debt on the hospital has risen to £761.

The people of Birmingham are at last going to raise a monument to Dr. Priestley—one of the greatest men who ever lived among them, and to whom honour should have been paid long ago, not only for his services to chemistry and natural philosophy, but to make amends as far as possible for the destruction of his house, together with his library, manuscripts, and valuable collection of philosophical instruments, in the year 1791. At a public meeting it has been resolved to raise funds for the carrying out of this purpose, and already a large sum has been subscribed.

An influential deputation, embracing the leading clergymen of all denominations, the coroner, the borough analyst, and many of the medical men connected with the hospitals, has waited upon our members, Mr. G. Dixon, M.P., and Mr. P. H. Muntz, M.P., to speak in favour of the continuance and extension of the Contagious Diseases Acts. Mr. Dixon seems to be disposed to yield to popular clamour, and to be in favour of the abolition of the Acts; but Mr. Muntz, although not pledging himself to any course of action, was decidedly opposed to their entire abolition, and said that he should support the Government in any measure that would prevent women wandering about and disseminating syphilis through the community.

During the whole of our cattle-show week a bazaar was held in aid of the funds of the Hospital for Sick Children, in the Town Hall, and the result must be a considerable addition thereto. Though the institution was only founded by Dr. Heslop some ten years ago, it has been most successful, and now comprises an in-patient department, containing 55 beds, in Broad-street, and an out-patient department in Steelhouse-lane, capable of accommodating a very large number of people, and built specially for the purpose. Its popularity may be gathered from the fact that last year it relieved 862 in-patients and 13,932 out-patients.

December 4th will always be a red-letter day in the annals of the Queen's Hospital, for probably so large an assemblage of people was never witnessed for any charitable purpose in Birmingham. No work was done in any of the factories, the Home Secretary having suspended the Factory Act so as to enable the men to work last Saturday afternoon, and thereby cause no loss of time to themselves or their employers on the Monday following. Probably not less than ten thousand workmen marched through the town in procession, with banners and bands of music, and assembled on the site of the new wing to witness the laying of the foundation-stone by Lord Leigh, the Lord Lieutenant and Provincial Grand Master of the Freemasons of Warwickshire. The ceremony was performed with masonic rites, and some hundreds of Freemasons assembled to support Lord Leigh, and to contribute to the excellent object which has so long and so anxiously been prosecuted by the working classes of this town. A temporary wooden building, capable of seating some three thousand people, had been erected, and here were assembled representatives of all the various trade societies and factories of Birmingham, together with most of its influential citizens. After the stone had been declared "well and truly laid," a hymn, composed for the occasion by the Rev. Canon Kingsley, was sung by 1000 children from the various schools of Birmingham. The ceremony, as well as the luncheon and *soirée* which followed, passed off most successfully, and great credit is due to Mr. Gamgee and the Extension Committee for their good services.

Birmingham, December 5th, 1871.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

ON the 2nd inst. a very touching ceremony, which had been organised by the Ambulances de la Presse, took place at Tremblay, in the neighbourhood of Paris. The object of the ceremony was to commemorate the bloody battle of Champigny, which took place on the 2nd of December, 1870, and to celebrate divine service in memory of the many who lost their lives on the occasion.

The services rendered by the Ambulances de la Presse during the siege of Paris have already been recorded in all the papers, both medical and political. These services were especially great during and after the bloody fights which took place on the banks of the Marne, and where several of the officers attached to the ambulances fell victims to their zeal and devotion to humanity. It is on account of this especially, and through a pious feeling of regret and admiration for the humble heroes who lie buried in the fields of the Marne, that the Committee of the Ambulances has been led to commemorate the event. Everything has concurred to enhance the pomp and affecting character of the ceremony. The Government and population of Paris were too deeply interested therein not to take a large part in the proceedings of the day, and all the authorities of Paris were represented on the occasion.

Very early on Saturday morning the different roads leading to Champigny were already thronged with people, and several regiments of troops were at their post to keep all in order. On the burial-ground of the battle-field upwards of thirty thousand persons were collected. The two large

mounds containing the remains of the killed were decorated in the style of a chapel, and an altar was placed against the large mound where the officers are buried. Flags covered with crape were hung all around, and contrasted with the black hangings of the chapel; whilst a tall mast placed near the altar-piece bore an escutcheon having upon it the solitary word "France." In short, all had been ornamented with the good taste which characterises the French.

At eleven o'clock, a deputation from the French Chambers, the Governor of Paris, several generals, and various representatives of the Government, had already arrived. At twelve o'clock, the Archbishop of Paris, attended by several priests, appeared on the spot, and mass was said amid the deepest silence, after which Monseigneur Guibert pronounced a short pathetic discourse, followed by a lengthy patriotic speech from General Ducrot.

I need not say that the committee of the Press Ambulances was largely represented on the occasion. Foremost among the members was Dr. Ricord, to whose zeal and indefatigable activity is due so much of the success which attended the first organisation and subsequent working of the ambulances. Dr. Demarquay, also an active member, was present, together with various other physicians, and MM. Tarbé and De la Grangerie, to whose initiative was due the foundation of these ambulances. The Société des Secours aux Blessés was also represented by Comte Serrurier, and several others of its leading members.

During the whole day large groups of persons lingered on the battle field, paying a last homage to the dead, and recalling the memory of those sad and eventful days. Mourning was general, but the specially sad attitude of several showed how many lost affections rested in the tombs which were scattered over the ground.

A few days hence the lyceums and colleges of France will be provided with many of the implements of war—to wit, Chassepots—and will have a regular officer appointed to teach the scholars how to handle the weapon. This is obviously due to the desire now manifested by the desire of the French that all the natives of this country must serve as soldiers. We may just mention that two or three years since Dr. Gallard, of this city, in a communication to the Academy of Medicine, stated how advisable it was that the Government should institute military exercise in all the lyceums and colleges, both from a gymnastic and a patriotic point of view.

Paris, Dec. 4th, 1871.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following Members of the College passed the required examination and were admitted Licentiates in Midwifery at a meeting of the Board of Examiners on the 6th inst.:—

Bodman, Francis Henry, M.D., Devizes, Wilts; diploma of Membership dated July, 1871.
Harbinson, Alex., M.D. Queen's Univ. Irel., Newry, Co. Down; Nov. 1871.
Hughes, Evan Thomas, L.S.A., Tanyrallt, North Wales; July, 1871.

The number of candidates entered for the next preliminary examination in general knowledge for the diploma of Fellow or Member of the College are about 300, which is a little below the average of the last two years. The examinations will be held on the 19th, 20th, and 21st inst., at the Arundel Great Hall, Arundel-street, Strand, formerly the Whittington Club.

UNIVERSITY OF LONDON. — The following is a list of the candidates who have passed the recent M.D. examination:—

Black, John Gordon, Univ. of Durham Coll. of Med.
Carter, Charles Henry, B.A., Univ. Coll.
Curnow, John, King's Coll. (Gold Medal.)
Haynes, Frederic Harry, St. Bartholomew's Hosp.
Irvine, James Pearson, B.A., B.Sc., Univ. Coll.
Pollard, Frederick, St. Thomas's Hosp.
Poore, George Vivian, Univ. Coll.
Richards, William Alcept, King's Coll.
Seaton, Edward, St. Thomas's Hosp.
Snow, Herbert Lumley, University and Queen's Birm.
Tayler, George Christopher, St. Bartholomew's Hosp.
Thomas, John Davies, Univ. Coll.

LOGIC AND MORAL PHILOSOPHY ONLY.

Alford, Henry James, Univ. Coll.
Barnes, Edgar George, St. George's Hosp.
Hall, Francis de Havilland, St. Bartholomew's Hosp.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 30th:—

Dickson, Thomas, Preston, Lancashire.
Oates, James Pimlott, Stourbridge.

As Assistants in Compounding and Dispensing Medicines:—

Pattinson, Dan, Dearham, Cumberland.
Simpson, John, Colchester.
Williamson, Nicholas, Harrington, Cumberland.

On the same day the following gentlemen passed their first professional examination:—

Edmund Augustine Bevers, Guy's Hosp.; Thomas Comfield, Lond. Hosp.; Robert Manser, Guy's Hosp.; Charles Martin Vowell, King's Coll.

DR. PROSSER JAMES has been simultaneously elected corresponding member of the Academy of Madrid and of Barcelona. This is, we understand, the first time this distinction has been conferred on an Englishman.

PRESENTATION TO A SURGEON.—A few of the friends of Mr. Leach, surgeon, of Shaw, near Oldham, have presented him with a very handsome brougham, built by Cowburn, of Manchester, as an expression of their esteem.

AT the annual election meeting of the Royal College of Physicians of Edinburgh on the 30th ult., the following among other office-bearers were elected for the ensuing year:—President: Dr. Robert Paterson. Vice-President: Dr. A. H. Douglas. Council: Drs. R. B. Malcolm, Alex. Wood, A. H. Douglas, W. H. Lowe, J. Matthews Duncan, and W. Sanders.

DEATH OF PAUL DUBOIS.—The funeral of this celebrated obstetrician took place on the 4th inst. at the Church of St. Sulpice, in Paris. The deceased was Honorary Dean of the Faculty of Medicine, Commander of the Legion of Honour, Member of the Academy of Medicine, &c.; and had attained the age of seventy-six. We shall shortly publish an obituary notice of this talented physician.

Births, Marriages, and Deaths.

BIRTHS.

ANDERSON.—On the 29th ult., at Soutergate, Ulverston, the wife of J. Anderson, M.D., of a son.
BROADBENT.—On the 2nd inst., at Seymour-street, Portman-square, the wife of W. H. Broadbent, M.D., F.R.C.P.L., of a daughter.
CORTE.—On the 2nd inst., at Blackburn, Lancashire, the wife of Arthur A. Corte, Surgeon, of a daughter.
CULLINAN.—On the 30th ult., at Martello-avenue, Kingstown, Co. Dublin, the wife of C. M. Cullinan, Assistant-Surgeon Madras Army, of a daughter.
GROVES.—On the 30th ult., at Silver-street, Lincoln, the wife of E. Groves, L.R.C.P.L., M.R.C.S.E., of a son.
KNAGGS.—On the 6th inst., at Kentish-town-road, the wife of Dr. Knaggs, of a daughter.
MASON.—On the 29th ult., at the Esplanade, Deal, the wife of Dr. T. E. Mason, of a daughter.
MATURIN.—On the 4th inst., at Fawley, the wife of Henry Maturin, M.R.C.S., of a son.
ROSS.—On the 30th ult., at Budleigh Salterton, the wife of J. T. C. Ross, F.R.C.S.E., Surgeon-Major, of a daughter.

MARRIAGES.

BUCHANAN—KENWAY.—On the 23rd ult., at St. Saviour's, Paddington, Walter Buchanan, M.R.C.S.E., to Jessie Wilmshurst Kenway, daughter of the late John Seymour Kenway, Esq.
LEE—BLIZARD.—On the 4th inst., at the Parish Church, Killecoly, Wm. E. Lee, M.R.C.S.E., L.S.A., of Moore-park, Fulham, Middlesex, to Fannie Jane, eldest daughter of Mr. George Blizard, of Killecoly, County of Tipperary, Ireland.
SHIELS—MURRAY.—On the 7th of Sept., at Eden, Twofold-bay, New South Wales, John Shiels, M.R.C.S., L.M., and Government Medical Officer and Coroner for the District of Bega, New South Wales, to Annabella Murray.

DEATHS.

COLLINGS.—On the 1st inst., at Grange-hill, Guernsey, Adolphus Collings, M.D., formerly Surgeon 40th Regiment, aged 56.
FAULKNER.—On the 21st ult., J. L. Faulkner, L.S.A.L., of Wetherby, Yorkshire, aged 57.
JACKSON.—On the 30th ult., M. Jackson, M.R.C.S.E., of Market-Weighton, Yorkshire, aged 67.
MACLEAN.—On the 11th of September, at Timaru, New Zealand, Dr. Duncan MacLean, formerly of Springburn, near Glasgow.
MILES.—On the 1st inst., E. M. Miles, Ext. L.R.C.P.L., of Heavitree, Devon, aged 71.
MOFFAT.—On the 3rd inst., at Graham-road, Fulwich, Stirlingshire, Annie Kedezlie Gay, youngest daughter of Robert Moffat, M.D.
O'BRIEN.—On the 25th ult., Harry, son of Dr. V. T. O'Brien, of Denton, Manchester, aged 1 year and 9 months.
SCARD.—On the 2nd of Oct., at Balmain, near Sydney, New South Wales, Thomas Scard, M.R.C.S.E., aged 55.

Medical Diary of the Week.

Monday, Dec. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M.

Tuesday, Dec. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Ballot.—8½ P.M. Dr. John Harley, "On the Pathology of Scarlatina, and its relations to Enteric Fever."

Wednesday, Dec. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
EPIDEMIOLOGICAL SOCIETY.—8 P.M.

Thursday, Dec. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Friday, Dec. 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 16.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.

Notes, Short Comments, and Answers to Correspondents.

ROBERT LUTTON, THE LUNATIC.

ANOTHER distressing case of broken ribs in a lunatic, this time associated with a fractured jaw and other injuries, has been the subject of a coroner's inquiry at Hanwell. From the evidence given, the deceased appears to have been of an excitable disposition, so much so as to render it necessary that he should be placed in a strong room by himself. One day, on being examined by Dr. Begley, it was found that he was suffering from two fractured ribs and a broken jaw. The poor fellow was bandaged and properly attended to; but he gradually became worse, and died on the following day. The post-mortem examination, made by Dr. Hawkes, revealed a scar on the left knee, one higher up, a bruise on the chest, and a large one on the chin; a comminuted fracture of the jaw, a fracture of the tenth and eleventh ribs, and an old fracture of the fifth rib. The right kidney, also, was found to be torn across. This mortal lesion especially Dr. Hawkes attributed to a very severe blow, such as might be the result of a fall against the "box bed" of the patient in a futile endeavour to escape from the window of the room in which he was confined. We cannot but regret that in this case, as in so many others of a similar description, "there was no evidence to show" how the poor maniac came by his fatal injuries.

THE letter of *Dr. S. W. D. Williams* shall appear in our next number.

FLEXIBLE *v.* METAL CATHETERS.

To the Editor of THE LANCET.

SIR,—It would be exceedingly interesting to know what sort of catheter Mr. Lys used in the fatal case which he describes in your journal of this day; for I believe it is an undisputed fact that flexible catheters cause very much less irritation than metal ones. Yours faithfully,

London, Nov. 25th, 1871. W. R.

AN UNQUALIFIED ASSISTANT CENSURED BY A JURY.

THE unqualified assistant of Dr. Harrison (Mr. Eastwood) was examined at a coroner's inquest at Darlington last week in regard to his attendance on an elderly man, who, having already drunk five glasses of whisky, was sent by his wife to purchase threepennyworth of laudanum for her use. The husband put the bottle to his mouth, drank some of the laudanum, and fell into drowsiness about two hours after, 10 P.M. At 12 o'clock Mr. Eastwood was sent for, being the Club doctor, or his assistant. He did not go, but sent an emetic. He was sent for again in three hours, "but he had gone to bed." A third time the wife sent a messenger with a policeman, and Mr. Eastwood came, seven or eight hours after the patient had taken the laudanum, and found him almost pulseless, with cold extremities, and insensible. He applied stimulants, and used other means of restoration, but with no avail. It is to be regretted that Mr. Eastwood did not attend when first summoned, and immediately use the stomach-pump, or send for his principal. He does not appear to have heard of the patient taking anything but whisky till he arrived at the house, but the messages were very urgent. The jury returned the following verdict:—

"We find that Alexander Parvis died from the effects of an overdose of laudanum, inadvertently taken whilst under the influence of liquor. We beg to append the following:—That we consider the medical attendant highly censurable in not attending immediately when sent for, and suggest that there be a more qualified medical man in his place resident in Albert-hill."

Observer.—We fear that all comment on such productions would be thrown away; indeed, we feel pretty sure that their authors would much prefer a condemnatory notice to no notice at all.

M.R.C.S. 1863 *and L.S.A.* 1864 should send his name and address.

THE DEGREE OF M.D.

To the Editor of THE LANCET.

SIR,—In your impression of this morning, Mr. Carter complains of the great hardship imposed on qualified practitioners by the fact of their not being allowed to graduate in Medicine because they did not matriculate in a University. Now, this hardship "I, in common with many other graduates in Arts and Medicine," fail to perceive. He then proposes as a remedy for this hardship, that those qualified practitioners who are desirous of improving their professional status should be allowed to present themselves at the examinations for the degree of M.D. on passing two examinations in Arts. Now I, in common with a great many graduates in Arts and Medicine, can see in such an arrangement a very great hardship—viz., that men who commenced their professional career with the intention of obtaining the L.R.C.P. or L.S.A. and being satisfied therewith, should now, with very little additional trouble, obtain a degree to qualify for which many of us underwent the trouble and expense of a four years' course in Arts, a like course in Medicine, and a further delay of three years from the date of our M.B. degree.

Suppose an analogous case. All masters and teachers of schools who are not University men—all, in fact, who are engaged in tuition—would naturally wish to improve their status by the possession of the degree of M.A. Now if it was proposed that all who were so inclined should obtain this honoured appendage (M.A.) on passing two fairly testing examinations, would not a very great hardship be inflicted on those who went through their undergraduate course, and had then waited patiently for the three years to elapse which were required to qualify them for their M.A. degrees? It may be said that it is much easier to find fault with a proposed scheme than to devise a better one; the latter I leave to older and wiser heads, and have no doubt that a remedy will be found if necessary for the supposed hardship. Yours faithfully,

P. J. MOLONY, J.P., B.A., M.B., &c.

Waterbeach, Cambridge, Nov. 25th, 1871.

PROTECTIVE INFLUENCE OF VACCINATION.

A CORRESPONDENT informs us of the following occurrence:—In a family of eleven children, the youngest, an infant of eight months old, died of confluent small-pox. All the other children had been vaccinated, and were not attacked; but the parents objected to the operation being performed in the case of the infant on the ground of the alleged evils that had followed vaccination. Their conversion to a belief in vaccination is probably sincere enough now that it is too late.

Mr. H. A. Husband.—We cannot throw any light on the note sent us.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

To the Editor of THE LANCET.

SIR,—Mr. Corrance, M.P., is going to bring in a Bill next session of Parliament, embodying the objects of the Poor-law Medical Officers' Association. Now, this Bill will cost money, which the Association would have in hand if the members would pay the subscriptions which are due. But the answer to several appeals that have been made in the medical journals has been the magnificent sum of ten shillings or thereabouts. Can this be that the members of a profession which is directly interested in the passage of this Bill are too niggardly or too apathetic to subscribe five shillings each towards the attainment of an object of so much importance? They are not asked to supply labour. Dr. Rogers and a few others have borne the burden and heat of the day; but when they are asked simply for their subscriptions, which their own promises have rendered due, and are really so ridiculously small in amount as to be not worth a thought, they hang back, and hamper the Council of the Society with the lack of pecuniary means, which ought to be promptly forthcoming.

Here in Cardiff the members of the Association (all the Poor-law medical staff by the way) voluntarily increased their subscription from 5*s.* to 7*s.* 6*d.* in view of this Bill; and if this can be done in a poor Welsh union, surely the thing cannot be difficult among our wealthy English brethren.

Let me strongly urge upon the union medical officers throughout the country not to let this occasion stand as another monument of professional apathy and want of power of combination.—I am, Sir, yours, &c.,

Cardiff, Nov. 27th, 1871. JAMES MILWARD.

LONDON PAUPERISM.

IN response to an invitation issued by Mr. Corbett, Poor-law Inspector, with the sanction of the Local Government Board, representatives from 36 of the metropolitan Boards of Guardians, to the number of 80 gentlemen, assembled on Monday at the City Terminus Hotel, Cannon-street, to discuss the inexhaustible and unsavoury subject of London pauperism. Mr. Corbett had prepared twelve suggestions relating to different points in the administration of the Poor Laws; but the question of out-door relief seemed to be recognised by common consent as the one most urgently pressing for solution at the present time. Three resolutions were carried at this conference—to the effect (1) that out-door relief to single able-bodied men should be discontinued as soon as practicable; (2) that such relief be not granted, except under special circumstances, to a wife whose husband has deserted her longer than a fortnight; (3) that out-door relief to an able-bodied widow with one child only shall cease at the end of six months. The conference was adjourned.

G. F. H.—It is within the right of a physician to publish a case as his own under the circumstances specified. But there does seem to have been some want of consideration to the assistant in constant and responsible charge of the case, though we do not see any disrespect in attributing to him a proper inquiry as to the source of the poison.

Truth, (Colchester.)—The communication shall receive attention.

FOREIGN DEGREES AND THE MEDICAL DIRECTORY.

To the Editor of THE LANCET.

SIR,—The editor of the Medical Directories has, it seems, decreed the exclusion of those degrees which are not registerable. I venture to remind him, with your permission, that the Royal College of Physicians thinks it not derogatory to recognise many of the degrees which he proposes to exclude, and to publish them in its annual "List." In the College "List" for 1871 the names of 14 Fellows, 65 Members, and 51 Licentiates appear as having obtained degrees from foreign Universities, many of these degrees being not registerable. In face of this fact the editor might well have hesitated to exclude all unregisterable degrees indiscriminately. His motive is, I presume, to eliminate degrees obtained without examination, with no previous curriculum, by mere purchase *in absentiâ*—in short, all sham degrees and diplomas of every kind; and the registration test is, no doubt, adopted, not for any intrinsic value of its own, but merely as a mark whereby to know the good from the bad. But this is a very rough and unfair test, as you have pointed out in your article in THE LANCET of November 18th, wherein you say: "Everyone will admit that there are foreign and American degrees every way worthy of recognition. These will suffer exclusion from the Directory as well as worthless ones."

A good number of members of the Colleges of Physicians have no degree whatever. The profession accords to them the title of "Dr.," and they are content with the membership as evidence of professional knowledge, and of their grade and standing as physicians. Others, wishing, doubtless, to meet the technical difficulty, and being debarred by causes, which I need not stop to point out, from graduating at a British University, have obtained degrees from foreign sources. I beg to maintain that many at any rate of such degrees are quite equal to many British degrees, and entitled to as much respect as these. I believe I am correct in stating that for many years past none of the German Universities have granted degrees *in absentiâ*; that, on the contrary, all of them in the present day exact good evidence of a sufficient curriculum at a medical school, require the presence of the candidate, and put him through a stringent examination. Was more than this required at the Scotch Universities before 1864? Yet it is not proposed, so far as I am aware, to exclude from the Medical Directories Scotch degrees obtained without residence. It may be alleged that the examinations at the German Universities are not too difficult. But is it quite certain that the Scotch degrees in question were always very severe tests of capacity and learning? I have a faint notion that a good number of candidates used to go northwards, and come back dubbed "M.D.," very much to the wonder of their friends. It was never, I believe, understood that the style of answering exacted was so high as to put the Universities to the painful necessity of refusing many graduation fees. Men, it seems, may have crossed the Tweed, may have sniffed Caledonian air once in their lives, may have got a degree without a too dangerously exhausting mental effort, and may then have their qualification recorded in the Directories without question; but if they have crossed the Channel, and been examined at Universities of high repute by professors of world-wide renown, the degrees so obtained are from this time forth to be ignored, all, forsooth, because they are not "registerable." What essential difference in quality is there between these two classes of degrees? None whatever. The only distinction between them is a factitious one, set up by a foolish clause in an Act of Parliament destined, as you have pointed out, soon to be expunged. But, it may be answered, so many degrees are obtained *in absentiâ*, and from Universities which exist only in newspaper advertisements, that something must be done. Well! it is surely not difficult to ascertain what are and what are not *bonâ fide* Universities. Is not the acumen of the editor of the Directories equal to this task? By all means omit the fictitious degrees of the sham Universities. The editor wishes, no doubt, to exclude all such things from his pages as qualifications obtained *in absentiâ*. How will he deal on this ground with the L.R.C.P. Edin. of the year of grace? Was not this obtained by mere purchase *in absentiâ*? Censorship ought to be impartial. If foreign degrees got by mere purchase *in absentiâ* are excluded because they are got by mere purchase *in absentiâ*, British diplomas obtained in precisely the same way should be treated in precisely the same manner.

I have no wish to disparage either Scotch Universities or Scotch graduates; but I maintain that the German medical degrees of modern date, with regard to style of examinations, standard of answering, reputation of the examiners, and the character of the Universities, rank quite equal with those Scotch degrees which were granted very freely not many years since without any residence, about which there is, however, no question of exclusion from the Directories. The German degrees rank far higher than the L.R.C.P. Edin. of the year of grace; yet the former are to be omitted, and the latter retained. The editor has not given the case due consideration, I fear, and consequently has made a blunder. Is he going really to exclude all non-registerable degrees without exception? Will he, for example, omit Mrs. Garrett-Anderson's M.D. of the University of Paris, which appears in the Directory of the present year? I need not pursue the question further; the step proposed is beset with obvious difficulties. It seems to me that the case might have been met easily if the editor of the Directories had limited himself to making his publication what it ought to be, a simple record of facts, instead of setting himself judicially to decide who shall or shall not use the title of "M.D." He would have met it in an easy and effectual manner by excluding, of course, pretended degrees from Universities that do not exist; secondly, by stating precisely how degrees from *bonâ fide* foreign Universities have been obtained, whether by examination with or without residence, or whether by mere purchase *in absentiâ*; lastly, he might have added if he so pleased whether such degrees were registerable or not. The necessary information might have been obtained as now, "by direct communication of every medical man with the office." If such information were refused, he might then have excluded the degrees claimed with some show of justice; but the proposed plan of making a clean sweep of all degrees that are not registerable is a clumsy and bungling method of arriving at the desired end, and is fraught with injustice. It will vitiate the correctness of the forthcoming volume of the Medical Directories, will diminish its usefulness and make it less trustworthy than heretofore as a guide and organ of the medical profession.

I am, Sir, yours most obediently,

G. FOWLER BODINGTON,
M.D. Giessen (Exam.),
M.R.C.P. Lond. (Exam.)
Sutton Coldfield, Nov. 27th, 1871. F.R.C.S. Eng. (Exam).

*** There is something to be said from our correspondent's point of view. But he is not right in arguing that the case of Scotch degrees and that of foreign degrees are equal. In the case of all the Scotch degrees now, with the exception of ten at St. Andrews, residence is essential; and, what is of more importance, by the system of supervision by the Medical Council, very imperfect and open to objection as it is, we know something of the scope and nature of the examinations which qualify for the degree, whereas we can know little or nothing of most of the foreign examinations. This is the real difficulty in the way of the recognition of foreign degrees.—ED. L.

A CORRESPONDENT has called attention to a paragraph in a late issue of the *Sheffield Daily Telegraph*, on which we do not make the comments that we otherwise might, because such paragraphs commonly owe their insertion to the folly of a friend.

Mr. John Alcock's (North Stafford Infirmary) communication is acknowledged with thanks.

POPLAR MEDICAL AND SURGICAL ASSOCIATION.

WE should be glad to receive a copy of the Rules. All such Associations, especially in districts like Poplar, are entitled to friendly criticism.

HOSPITAL CHARITY AND THE WORKING CLASSES.

To the Editor of THE LANCET.

SIR,—However it may be with the public, I think the profession will not be misled by what Mr. T. W. Lowndes writes on the subject of "Hospital Sunday." He there comes to an erroneous conclusion that it is a step towards that provident system the Charity Organisation Society are so anxious to bring about, in order to shut up one of the principal sources of pauperism. From the just remarks made to Mr. Stone in THE LANCET of Nov. 18th, it is evident that the extension of hospitals with the system of voluntary contributions, whether made in the church or out of it, must have the same effect as Royal hospitals, "demoralising the working classes, and relieving them from the necessity of exercising any forethought as to sickness." Every year that the present hospital mania goes on unchecked but adds to the evil; a larger number of patients are withdrawn from the general practitioner to add to the army of trained paupers. The working men of Birmingham, by collections among themselves, have added to the extension of the Queen's Hospital; and, by the "inexorable logic of facts," are they one whit nearer a spirit of independence than they were before? I trow not. They will beg for votes till they are old, and when old will beg for parish tickets and the workhouse. The true provident principle, it is hoped, will lead men, from providing for sickness, to provide for old age and other vicissitudes of life.

I am, Sir, yours faithfully,
London, Nov. 27th, 1871. PERCY LESLIE.

A REQUEST.

Dr. J. Macpherson is about to publish a work entitled Historical Records of Cholera from the earliest periods down to the year 1817. He would be extremely obliged to any gentleman who would favour him with references to notices of the disease (any except the well-known ones) in all parts of the world before the year 1817, and especially before the year 1770.

Inquirer.—1. The premium varies very much in accordance with circumstances, and the advantages to be offered by the practitioner.—2. A year at least.

Mr. Bader's paper is in the hands of the printer.

THE CONTAGIOUS DISEASES ACTS.

To the Editor of THE LANCET.

SIR,—The meeting of the Gloucestershire Medical and Surgical Association specially convened at the Cheltenham Hospital was, as the report of the secretary contained in your number of the 25th inst. shows, so scantily attended that I thought it desirable, especially upon a subject of such importance to the community, to ascertain, either *viva voce* or by letter, the individual opinions of those members who were absent from the meeting as to whether the provisions of the existing Contagious Diseases Acts should be extended to the sea and inland ports of the United Kingdom. My inquiries elicited replies from 27 members; of whom 20 are in favour of, and 4 are opposed to, such extension, the remaining 3 declining to express an opinion. If to these members be added the names of those who were present and voted, the result shows that out of 42 members, 28, or two-thirds, are in favour of extension.

Yours obediently,
Gloucester, Nov. 29th, 1871. BUCHANAN WASHBOURN.

CONSULTATIONS IN MIDWIFERY.

A CORRESPONDENT, alluding to the remark made by Dr. Kidd in his presidential address before the Dublin Obstetrical Society, to the effect that obstetrical operations should not be performed without consultation with another practitioner, asks how such consultations can be secured amongst the Welsh hills, miles away from any town? where many difficult labours are met with in a class of women rendered masculine by arduous and everyday work, but who, nevertheless, enjoy a wonderful immunity from puerperal fatality, and who have certainly to forego the boon of a consultation. Dr. Kidd's answer would probably be, that he obviously only intended the rule to apply where practicable. He would act, under the circumstances, in the same way as our correspondent appears to do, and for the same reason—that he couldn't help it.

Mr. J. James, (Leadenhall-street.)—It sometimes happens that a second attack occurs; but the rule certainly is that one attack of the disease protects against its recurrence.

THE FELLOWSHIP OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—I have read your remarks in a late number on the Fellowship examination; and as I was a candidate—successful at the primary, but unsuccessful at the pass examination,—possibly my experience may be useful to my brother-practitioners who may aspire to the honour of the Fellowship of the College of Surgeons.

Fourteen years ago I completed my curriculum of medical and surgical study, and presented myself for examination at the College. I passed, and have since undergone several examinations superior to that which I passed at the College. With qualifications in surgery, medicine, and midwifery, I may claim to have been fairly educated; and I have since acquired, by residence and examination, two foreign degrees, having necessarily attained a thorough literary and colloquial acquaintance with two or more foreign languages.

My income from the practice of my profession for several years back could be reckoned by thousands of pounds per annum, and I have already secured what might almost be considered a competency; at any rate I could afford to spend nearly four months of my time and a few hundred pounds of my money in London preparing for this examination.

I can honestly declare that I worked hard. Of course I had much to learn, as my time for many years back has been altogether engrossed by hard work in the practice of my profession, and any but very desultory reading has been out of my power to accomplish. I sought advice and assistance in London towards preparing for my examinations; but in this I was most unfortunate, as, although I was prepared to pay a good round sum for efficient assistance, I was not able to obtain it.

The anatomical and physiological examination in May last was so severe that I devoted my best efforts to improving my knowledge in these respects, and I had so many difficulties to overcome by reason of the scarcity of subjects, &c., that I found myself unable to spare time to become acquainted with recent researches in pathology and microscopical anatomy. I was, therefore, altogether unprepared for the searching examination by Mr. Savory which I underwent in these subjects, and was most justly "referred."

I trust my experience may deter men from lightly undertaking to pass an examination which has now become so stringent. An idea prevails that the examiners are lenient to practitioners of standing; but I am satisfied that their leniency does not extend to passing men who are not well acquainted with the recent great advances in surgery, pathology, and therapeutics.

I would wish to add a few words as to the treatment I received whilst under examination. The examinations are conducted in a very different manner to what they were some years ago. Kindness, consideration, and courtesy are quite compatible with strictness, and are better calculated to exhibit and develop a candidate's attainments and knowledge than are bullying and browbeating. I was much pleased with the examinations on the whole, and they contrasted very favourably with what I had undergone on former occasions at the College of Surgeons. I had, except in one instance, every fair play; and Mr. Savory's quiet courtesy gave me full opportunity for exhibiting the little knowledge I had, and, indeed, my great ignorance also. Very different treatment did I receive from Mr. Hilton whilst undergoing my clinical examination at Guy's Hospital. This gentleman behaved in the fine old style of former days, and—it requires a vulgar word to express vulgar conduct—*nagged* at me in such a manner as completely to bewilder me. I am, Sir, your obedient servant,

December, 1871. NUMBER FOUR.

CHLORAL IN HYDROPHOBIA.

A PARAGRAPH in the *Macclesfield Courier* gives—let us hope—rather a coloured picture of a case of hydrophobia, and reports that at the time of writing it seemed to be yielding to the use of hydrate of chloral, ordered by Mr. Sainter and Mr. Sanford, who will, doubtless, give an exact version of the facts to the profession.

Stare super vias antiquas.—We entirely coincide in the views of the matter expressed by our correspondent.

THE PATRONAGE OF THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—My attention was particularly called to the above on looking at the *Gazette* of the 17th November. In it Dr. Rudd was promoted from the 2nd Dragoons to be staff surgeon, and in the same *Gazette* appointed to the surgeoncy of the 7th Foot. On looking back, I find Dr. Rudd has been in the 2nd Dragoons nearly the whole of his service, and consequently has not been all that time on foreign service. The 7th Regiment returned from India last year or beginning of this, and has before it a home service of probably eight or nine years; therefore Dr. Rudd has a fair chance of serving most of his time at home. Many surgeons who have spent years in India, China, &c. &c., would have only been too glad to get the regiment had the late surgeon been allowed to exchange. I could give you other instances, but am unwilling to trespass further on your space at present.

Is the above

December, 1871. FAIR PLAY?

One who Suspends his Judgment.—By all means let our correspondent obtain and peruse for himself a copy of the Blue-book on the Contagious Diseases Acts. It is not very pleasant reading; but we think an unprejudiced person cannot avoid arriving at the conclusion that the Acts have done a great deal towards diminishing the spread of venereal diseases; and, what is more, that by their instrumentality more has been accomplished towards the rescue of fallen women, their moral improvement, and the prevention of some among them from following a life of prostitution, than by any voluntary methods that have as yet been tried. As practical men, we cannot help asking ourselves whether any of the proposals made by the opponents of the Acts are likely to achieve as much?

An Old Subscriber to THE LANCET (Thame) can obtain the information he requires by applying to Mr. Wanklyn, 1, Great Winchester-street-buildings, E.C.

SUBCUTANEOUS INJECTIONS IN MIDWIFERY.

To the Editor of THE LANCET.

SIR,—Being only a fourth-year's man at Guy's Hospital, I address you on professional subjects with great diffidence; but lately I have been engaged with midwifery, and have been surprised in reading the standard works on the subject that subcutaneous injections are not occasionally mentioned as likely to be of great use in treating some of the diseased actions that often occur during the process of parturition. In many other diseases I see this mode of treatment carried out with the most beneficial results. The relief produced is almost instantaneous, and in no branch of the profession do we so often require remedies of a rapid action as in midwifery. There is only the slight prick of the instrument, and what is that momentary pain in comparison with the agonies suffered in many of the distressing symptoms of labour that too frequently appear? The intense pain of a uterus in continuous action, where fears are entertained of rupture of the organ, or the death of the child, might be relieved, the rigid os uteri of the primipara be easily induced to relax, puerperal mania and convulsions be moderated, the laceration of the perineum prevented where uterine action is vigorous and time is required for its relaxation, by subcutaneous injections of morphia or antimony. Chloroform would be equally efficacious, no doubt; but you require a second person to administer it, and in country practice this is often not possible. Many patients cannot be persuaded to take it; its action is not immediate; some medical men are afraid to give it; its after-effects might be injurious in some cases; there may be heart or lung disease contra-indicating its use; the expense might be a consideration; and you cannot regulate the dose so exactly as with subcutaneous injections. Again, in many cases the stomach is so irritable that pills and draughts containing opium cannot be retained. If you inject quinine to prevent or cut short an ague fit, why not give a young mother as ready a means of easing some of the miseries of her first labour of three or four days' duration, or probably of obviating some of the most dangerous symptoms that beset her as she is about to add so greatly to her happiness? Yours truly,

Guy's Hospital, December, 1871. NEMO.

Inquirer after Truth.—The lectures to which our correspondent alludes have not been published. He will obtain all the information necessary for his purpose in Prof. Huxley's small work on Physiology for the Use of Schools, published by Macmillan.

STRAMONIUM IN THE DELIRIUM OF FEVER.

To the Editor of THE LANCET.

SIR,—On reading Dr. Maclagan's valuable remarks on "Physical Restraint in Delirium" in to-day's LANCET, I am reminded of two cases of violent delirium in typhus fever occurring in my own practice, in which I found the tincture of stramonium of the British Pharmacopœia of most valuable service in doses of from five to ten minims, at intervals of one, two, and three hours. Yours very truly,

EDWIN PAYNE, M.D., M.R.C.P. Lond.

Selhurst-road, South Norwood, Dec. 2nd, 1871.

Mrs. G. C.—We are sorry we cannot insert our correspondent's letter, as it would reopen the whole controversy, and probably involve us in an endless discussion.

ON MAKING WAX MODELS.

To the Editor of THE LANCET.

SIR,—In answer to No. 1 question of "Spiritus Methylatus," I beg to state that some time ago I learned the art of making wax shells; and as I was living in a country place, and not able to procure moulds after the teacher left, I went to an itinerant Italian image vendor to instruct me. The following notes I made at the time.

The object for which a mould is wanted should be first brushed over with oil into which a little tallow has been melted. If there are any crevices to be filled up, they must be filled with common yellow soap. Mix the plaster-of-Paris in a teacup (as it dries very fast), and put it on the object with a knife very smoothly. If a piece of a mould is long and narrow, it is well to bend a nail or piece of wire to put in it to strengthen it. The plaster should be quite hard before moving the object from it, as the edges are injured if taken out too soon. After the moulds are made, if they are wetted with a strong lather of best white soap instead of water, the figure (or object) will be smoother when finished. Equal quantities of white wax and spermaceti look well for a bust. A few drops of turpentine put into wax will prevent its being brittle.

To Model in Wax.—Put the moulds in warm water for five or ten minutes, wipe very gently with a piece of soft linen. Have some white wax ready melted in a pipkin, to which is added a little of Akerman's flake white paint (the quantity depends on the whiteness required); pour in the wax, and turn about till cool. When the object (wax) is taken out of the mould, pare the edges with a sharp knife (which has been dipped in hot water), after which rub smooth with spirits of turpentine; it is then ready for colouring. I am, Sir, yours respectfully,

November 13th, 1871. A DOCTOR'S WIFE.

P.S.—Could any of your readers inform me if a clergyman's son, who is deaf and dumb, could become an inmate of an institution for the deaf and dumb free of expense?

CAPSICUM IN DIPSOMANIA.

A CORRESPONDENT asks whether in our notice of Dr. Ringer's book the dose of this drug is correctly given. We can only say that Dr. Lyon gives it in doses of twenty to thirty grains in a bolus with syrup of roses, and that this dose generally produces sleep. In only one instance was slight uneasiness at the stomach complained of, and twice it purged. In no other case did it excite irritation of the stomach or intestines.

"IRISH GRATITUDE."

To the Editor of THE LANCET.

SIR,—Your vigorous rejoinder to my letter in the *Irish Times* respecting the unseemliness of the London profession passing sentence on the Irish profession exhibits the very weakness of your case; for, in the first place, you misrepresent me, and in the next place you abuse me. Had the London surgeons confined themselves to an expression of opinion respecting Mr. Stokes alone, comment would have been entirely out of place, and their expression of opinion regarding the acts of a young surgeon would have carried with it the great weight which it undoubtedly deserved, and would have been hailed by all with satisfaction. The statement of the London surgeons refers, however, not only to Mr. Stokes, but also to the heads of the surgical profession of Ireland—"the surgeons who acted with him," whose professional reputations are, according to that statement, likely to be very injuriously affected by a barrister's statements, unless such statements are contradicted by the London surgeons, who, furthermore, concur in the opinion "that no blame can be justly assigned to any of those by whom the wound was treated." The surgeons who acted with Mr. Stokes, and by whom in part the wound was treated, and whose professional reputations are likely, according to the London profession, to be injuriously affected, were Mr. Robert Adams, Surgeon to Her Majesty; Mr. Robert Smith, Professor of Surgery in the University; Mr. John Hamilton, Surgeon to the Richmond and Swift's Hospitals; Mr. Porter, Surgeon to Her Majesty; Mr. Joliffe Tufnell, Surgeon-Major in Her Majesty's Army, and Surgeon to Baggot-street Hospital. Had these gentlemen appealed to their London professional brethren for an expression of opinion in order that their reputations might not suffer, the case would be different; but as neither they nor anyone else in this country ever dreamt of their reputations being affected, or of their being justly or unjustly blameable, it was, I still maintain, out of place for the London surgeons to come forward in the daily non-medical press to record their opinion respecting Irish surgeons and their acts; and, seeing that the London surgeons were unwarranted and unauthorised to pronounce sentence on the Irish surgical profession in the daily press, I think their act was "an assumption of superiority." I am quite sure, moreover, that nothing was farther from the intention of the nine most eminent as well as individually kind-hearted and amiable gentlemen who signed this certificate than to wound the Irish profession; but collectively they have unmistakably set themselves up as a tribunal qualified by its superiority to pass sentence on the heads of the Irish profession.

I am, Sir, yours, &c.,
November, 1871. A DUBLIN SURGEON.

B.A., M.D.—1. In a matter where accurate information is of so much importance, why does not our correspondent apply to the fountain head? An inquiry addressed to the India Board by himself, or a friend on his behalf, will procure it.—2. They would not, in all probability, be a disqualification.—3. Our Students' Number will supply the information as to age.

STRYCHNINE AND MORPHINE.

To the Editor of THE LANCET.

SIR,—When experimenting upon animals with morphine and strychnine, the one appeared to neutralise the action of the other. I therefore instituted a series of experiments, and found that, given together, strychnine and morphine neutralise each other's action; also that the one is a perfect antidote for the other, as the three following experiments, selected from a large number, will prove.

A brown horse was given subcutaneously eight grains of morphine and one grain of strychnine, and the only effect produced was a very slight dilatation of the pupils.

Again the same horse was given subcutaneously at 3.10 P.M. one grain and a quarter of strychnine, and at 4 o'clock the whole of his muscles were quite rigid. At 4.5 ten grains of morphine were given; at 4.10 the rigidity of muscles was subsiding, and at 4.30 the horse had quite recovered, with the exception of a slight restlessness and increased flow of saliva from the effect of the morphine.

A black pointer dog was given subcutaneously at 4.50 P.M. half a grain of morphine; at 6.50 he was sleeping soundly; the saliva was running from his mouth, and when roused he was unable to use his hind legs, and quickly subsided into a sound sleep. He then had given 1-32nd of a grain of strychnine; at 7 o'clock the flow of saliva had ceased; at 7.5 the sleepiness had gone, and the dog was able to walk; at 7.30 he had quite recovered.

Now, as the action of morphine has precisely the same effect on the dog as it has upon man, it is fair to infer that the like result would be the case in poisoning with opium in man.

I am, Sir, your obedient servant,
December, 1871. FREDK. JAS. MAYOR, M.R.C.V.S.

B. W. C.—Even were it not contrary to our custom to attempt the diagnosis of, or suggest any treatment for, the disease under which the patient is labouring, it would be unsafe to do so. Our correspondent should consult some respectable practitioner in his own neighbourhood.

WATER-SUPPLY IN WALES.

To the Editor of THE LANCET.

SIR,—Permit me to correct an error in your article on "Water-supply in Wales." The newly-erected works for supplying this town are merely supplementary, and for use in summer only. We had already constructed five reservoirs and the usual works for conveying and distributing the water, so that the £1500 mentioned represents but a small portion of the total cost. Should the "croakers" prove correct, provision has been made for the contingency.

I am, Sir, yours truly,
Carmarthen, Dec. 4th, 1871. A. S. LUKIN, C.E.

A LUCRATIVE APPOINTMENT.

WE may fairly expect to receive a commission for calling attention to the following highly lucrative appointment from anyone who shall succeed in securing it! The guardians of district No. 3 of the Honiton (Devon) Union advertise for a medical officer at a salary of £9 per annum.

THE GENERAL HOSPITALS AT SYDNEY.

To the Editor of THE LANCET.

SIR,—In your issue of May 27th of this year, at page 721, appears an article on "The Tenure of Hospital Offices," in which it is stated that there is but one general hospital in Sydney, N.S.W. I beg to inform you that there are two; that besides the Sydney Infirmary more particularly alluded to in your columns, there is the St. Vincent's Hospital, in which I have held the office of honorary surgeon during the last thirteen years. I forward you this year's January number of the *New South Wales Medical Gazette*, which contains a short account of the hospital, and by which you will find that there is room in the institution for upwards of one hundred patients; but want of funds necessitates that no more than forty beds can be constantly occupied.

Your obedient servant,
Sydney, August 8th, 1871. F. MILFORD, M.D., &c.

CARBOLIC ACID IN GONORRHŒA.

To the Editor of THE LANCET.

SIR,—A short time since I had a patient suffering from gonorrhœa of about three months' standing. The usual injections seemed to aggravate the disease, being followed by a sanious discharge, and attended by a good deal of pain. At last I tried carbolic acid in oil, ten grains to the ounce. The benefit was immediate, and a cure speedily followed. As I may not have an opportunity of trying it again for some time, I should be glad if some of your readers would do so, and state the result. Doubtless it has been tried before, though I have never heard of it.—Yours truly,
Llandilo, S. Wales, Nov. 28th, 1871. T. WOODS, L.R.C.P. Lond.

WE are compelled to defer our notice of several communications until next week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Thorowgood; Mr. C. Bader; Dr. Drysdale; Dr. Carter, Pewsey; Mr. Mayfield, York; Dr. Glynn, Liverpool; Mr. Jeppson; Mr. Shepheard; Mr. J. Kesteven, Romney; Mr. Hall, Chesterfield; Mr. Grest; Mr. Maclean, Lymington; Mr. Morton, Warley; Mr. Maturin, Fawley; Mr. Whitehead; Mr. Walter, Okehampton; Dr. Maddison, New Orleans; Dr. Young; Dr. E. H. Moore; Mr. De'Ath; Mr. Fairlie Clarke; Mr. Madeley, Portsmouth; Dr. Grant, Longton; Dr. Armand, Calais; Mr. Darley, Berkhampstead; Mr. Davies, Carnarvon; Mr. Dalrymple, Leicester; Mr. J. C. Brough; Dr. Freeman; Mr. Smith, Folkestone; Mr. Milward, Cardiff; Mr. Wolff; Dr. Moses, Wolverhampton; Dr. Logie; Mr. Dale; Mr. Goodman; Mr. Bradshaw; Mr. Hicks, Bodmin; Dr. Browne; Dr. Daly; Dr. Hitchman, Mickleover; Dr. Davies, Aberdare; Mr. Blackburn, Barnsley; Mr. Harding, Askam; Mr. Baynes; Mr. Masterman, Croydon; Dr. Moffat, Falkirk; Mr. Welch; Dr. Fox, Scarborough; Dr. Shiels, Bega, N.S.W.; Dr. Martin, New York; Mr. Davies, Mountain Ash; Dr. E. Payne; Mr. Hogg; Dr. Mason, Deal; Dr. O'Brion; Mr. Cunningham, Simla; Ms. Hawkins, Hornsea; Dr. Pearl, Ripe; Dr. Gilruth, Edinburgh; Mr. Thompson, Bristol; Dr. D. Hood, Bletchingley; Mr. Purcell, Manchester; Dr. Eagar, Sheffield; Mr. Alcock, Burslem; Mr. Litchfield, Twickenham; Dr. J. J. Chisolm, Baltimore; Dr. Latham, Cambridge; Dr. Booth, Oswaldtwistle; Mr. Reeve, Spalding; Mr. Crawford, Horley; Mr. West, Caterham; Dr. M'Oscar; Mr. Banfield, Ipswich; Dr. Maclean, Dunvegan; Dr. Evans, Narberth; Mr. Luking, Carmarthen; Mr. Woodleigh; Mr. Adams, Bath; Dr. J. Edmunds; Mr. Eland; Mr. Longman, Sherborne; Mr. Parry; Mr. Walker, Huntingdon; Mr. Roberts; Mr. Boyce; Mr. Mushett; Mr. Watling; Mr. J. Sutro; Mr. Haddell; Mr. Hale; Embryo; Chemicus; Inquirer; A Subscriber; Original; Observer; M.R.C.S. 1863; G. S.; Louth; Dipsomania; Drum; Inquirer after Truth; F. M.; B.A., M.D.; B. E.; &c. &c.

Cape Town Standard, Brighton Guardian, Scotsman, Durham Chronicle, Monthly Microscopical Journal, East-End News, British Journal of Dental Science, Nottingham Daily Guardian, Kesbury Register, Philadelphia Medical Times, Northern Echo, Liverpool Weekly Albion, Pastoral Times, Dalhousie Gazette, Melbourne Leader, Birmingham Daily Gazette, Edinburgh Daily Review, Macclesfield Courier, Sale and Barter, Colchester Mercury, Wiener Medizinische Presse, East London Observer, and *Dudley Herald* have been received.

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